

**DISSERTATION  
ON  
A STUDY TO ASSESS THE EFFECTIVENESS OF EDUCATION  
MODULE ON STRESS MANAGEMENT IN REDUCTION OF  
OCCUPATIONAL STRESS AMONG NURSES WORKING IN  
INTENSIVE CARE UNITS AT RAJIV GANDHI GOVERNMENT  
GENERAL HOSPITAL AT CHENNAI.**

**M.Sc (NURSING) DEGREE EXAMINATION  
BRANCH- V MENTAL HEALTH NURSING**

**COLLEGE OF NURSING  
MADRAS MEDICAL COLLEGE, CHENNAI - 03.**



*A dissertation submitted to*  
**THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY,  
CHENNAI - 600 032.**  
*In partial fulfilment of the requirement for the award of degree of*  
**MASTER OF SCIENCE IN NURSING  
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## CHAPTER –I

### INTRODUCTION

**“Stress is nothing more than a socially acceptable form of mental illness”**

***-Richard Carlson***

Stress is fact of everyday life and is known as either as a reaction or as a stimulus. .As reaction the meaning of stress is specific changes that human biological system is experiencing as stimulus is related to environment events that cause those changes.<sup>1</sup> Sources of stress are called as stressors these are biological, chemical, microbial, psychological, developmental, socio cultural, and environmental.<sup>2</sup>

Stress is defined by Folkman and Lazarus is a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well being.<sup>2</sup>

Occupational stress is the harmful emotional and physical reactions resulting from the interactions between the worker and her/his work environment where the demands of the job exceed the worker's capabilities and resources<sup>3</sup>. The occupational stressors can be categorized into four major groups. Firstly, the working conditions, including shift and week-end work, inadequate remuneration, hours of work, discrimination and safety at the work environment. Secondly, relationships at work including quality of relationships with peers, subordinates and supervisors. Thirdly, role conflict and ambiguity including ill-defined role, functions, expectations, and duties. Fourthly, organization structure and climate which includes communication policy and practice, major changes in the workplace, culture of the organization, and lack of participation in decision-making. Another contributing factor is the nature of the job which might amount to an immense amount of physical and emotional exhaustion<sup>4</sup>.

The effects of occupational stress are considered to be devastating to both employees and employers<sup>5</sup>. Nurse is person formally educated and trained in the care of the sick or infirm.<sup>6</sup> Nursing as an integral part of the health care system encompasses promotion of health, prevention of illness and care of physically ill, mentally ill and disabled people of all ages in all health care and other community settings.<sup>7</sup>

Nursing is described as a stressful-profession and nurses are exposed to a great number of stressors in their working environment<sup>8</sup>. According to the Occupational Health and Safety Survey of the American Nurses Association (ANA), the main concern for the nursing staff with regard to health and safety in the work environment is the acute or chronic effect of stress<sup>9</sup>. The work conditions in nursing imply the exposure to pain and death, interpersonal conflicts<sup>10</sup> lack of autonomy and authority for decision making and the lack of definition of the professional role, which produce a state of chronic stress<sup>11</sup>.

Intensive care or critical care nursing is a nursing discipline that focuses on caring for patients that have critical and life threatening conditions<sup>12</sup>. The objective of Intensive Care Units is to assist patients to duly recover, surrounded by an adequate physical and psychological environment where each professional is skilled to apply and use to advantage existing techniques, being ready to perform complex activities that involve a heavy work schedule, and demanding a fine practical, and theoretical, physical and mental preparation, since these units are environments used by patients who need direct and intensive care due to serious injuries or illnesses that put their lives at risk<sup>13</sup>. Thus, this work environment is characterized as stressful and the basis of an emotionally risky scenario, both for professionals and for patients and their family member<sup>14</sup>.

Occupational stress significantly reduces brain functions such as memory, concentration and learning and impairs the immune system, all of which are central to effective performance at work. It may also be manifested as ineffective coping patterns, impaired thought processes or disrupted relationships which renders the nurse incompetent and prone to errors in their clinical decision making and practice. Occupational stress reduces productivity, increases management pressures and makes people ill in many ways, evidence of which is still increasing<sup>15</sup>.

The entire elimination of stress in the health care sector is not possible. But employers and employees are able to learn to manage this burden, With the identification and estimation of stressors, the development of stress management strategies achievable.

**Employer:**

1. Opening communication lines and improving communication skills.
2. Offering regular training and education programmes to update employees' skills and knowledge.
3. Identifying occupational hazards and taking action to reduce their presence as well as training in safe handling.
4. Redesigning or restructuring by involving employees.
5. Offering placements for training as part of the recruitment process.
6. Providing immediate debriefing and psychological support after particularly traumatic events.

**Individual:**

1. Improving time management skills and task management skills like prioritize task, delegation of authority.
2. Learning better communication skills.
3. Learning relaxation or mediation techniques to protect from tension.
4. Practicing deep breathing exercise
5. Healthy eating and enough sleep..
- 7 Participating warm up exercise, protect from effects of stress.
- 8 Taking part in cognitive-behavioural therapy to change the way of thinking and to learn the use of coping skills.
- 9 Having access to employee assistance programmes for counselling and seeking advice from colleagues.
- 10 Using the Biofeedback measurement tool regarding muscle and skin activity<sup>16</sup>.

**1.1 NEED FOR STUDY:**

**“Reality is the leading cause of stress amongst those in touch with it”**

**- Jane Wagner**

**Global scenario**

**Journal of Social Statistics 2016** A literature research from January 2000 to 2014 was conducted using the key words nursing, stress, workplace stress, stress management and review 20 article according to above key words. Above the 20 article revealed A literature review shows that workload, professional conflict and the emotional burden of caring, pay, and shift work are the major work stressors in the

nursing profession. Occupational stress is a serious problem affecting nurses, and literature review shows that this is connected with absence from work and intentions to quit a hospital. Consequently more research into identifying the most effective way of detecting when individuals are experiencing early Difficulties, and of improving their stress management techniques so as to prevent the transition to severe stress<sup>17</sup>.

**National Health Services (NHS) 2013** In England issued a report about nurses leaving the profession due to occupational stress and inability to provide nurse assessed quality care .The Royal College of nursing revealed that in a survey carried out in 2013 involving 10,000 nurses.

- 62% of them contemplated resigning from their previous year citing stress
- 61% cited hectic schedule as being a hindrance to providing good quality of care
- 83% felt an increase in workload make nurses leaving the profession in a three years period<sup>18</sup>.

#### **India scenario**

**Bhatia.N, Kishore.J.,Anand et.al(2010)** A cross- sectional study among 87 nurses working in two of the tertiary care teaching hospitals of Central Delhi. Occupational Stress Questionnaire was used which was modified to suit Indian settings and population and pre-tested. It was found that majority (87.4%) of nurses reported their job as stressful. Severe or correct extreme job stress was reported by 32.2% of nurses. The most stressful source of stress was time pressure and least was discrimination. Most of nurses resorted to positive coping strategies<sup>19</sup>.

#### **Tamil Nadu scenario**

**Lakshmi Prabha. et.al (2017)**The study mainly focuses on staff nurses stress in Dindigul Government Hospital. The nurses suffer from stress on some level. It mainly based on empirical study. The samples include 60 nurses from Dindigul Government Hospital. In this research instruments are questionnaire method. This research focuses on stress perception (37%) stressful experiences (63%) and stress management in work life of nurses. The learning strategies required to manage stressful situations in order to improve their performance<sup>20</sup>.

Based on the above reviews and prevalence rate of occupational stress, it is very well known that, the nurses who are working in intensive care unit most probably

exposure to occupational stress, thus the nurses working in intensive care unit need stress management strategies to deal with the stress occurring in their work environment. Due to So the investigator felt that the need to conduct this study to provide psycho education of stress management to improve physical and mental well being of nurses, and improve their quality of patient outcome on reduction of occupational stress.

## **1.2 STATEMENT OF PROBLEM:**

“Assess the effectiveness of education module on stress management in reduction of occupational stress among nurses working in intensive care units at RGGGH at Chennai”.

## **1.3 OBJECTIVES OF THE STUDY:**

1. To assess existing level of occupational stress among nurses working in intensive care units.
2. To assess the effectiveness of education module on reduction of occupational stress among nurses working in intensive care units in RGGGH at Chennai.
3. To find out the association between occupational stress and selected demographic variables.

## **1.4 OPERATIONAL DEFINITIONS:**

1. **Assess:** Assess refers to the statistical analysis of the information gathered through multiple choice questionnaire related to level of occupational stress among ICU nurses.
2. **Effectiveness:** The outcome of an intervention to produce the desired beneficial effect in actual usage , here with education module reduces the occupational stress
3. **Education module :** Information booklet is an item of knowledge and skills regarding the management of occupational stress which consist of 16 strategies.
4. **Stress Management:** Stress management refers to interventions designed to reduce the impact of stressors in the work place .
5. **.Occupational Stress:** Occupational stress refers to the physical and emotional outcomes that occur when there is disparity between the demands of the job and the amount of control the individual has in meeting those demands .

6. **Nurse:** Nurse is a person formally educated in DGNM / B.Sc(N / P.B B.Sc (N) and M.Sc (N) trained for care of sick or infirm.
7. **Intensive Care Unit:** It refers to a hospital facility for care of critically ill patients at a more intensive level than is needed by other patients.

### **1.5 ASSUMPTIONS:**

1. Nurses working in intensive care units may have high occupational stress
2. Nurses working in intensive care units may have some knowledge regarding the management of stress.
3. Nurses working in intensive care units may reduce their occupational stress after administering education module.

### **1.6 HYPOTHESIS:**

**H<sub>1</sub>:** There will be statistically difference between the pre test level of occupational stress and post test scores.

**H<sub>2</sub>:** There will be statistically association between post test levels of occupational stress with selected demographic variables.

### **1.7 DELIMITATIONS OF THE STUDY:**

1. The study is limited to nurses with a minimum of 3years experience in intensive care units in RGGGH at Chennai.
2. The study is limited to a sample size of 60.



## **CHAPTER -II**

### **REVIEW OF LITERATURE**

“Knowing what data are available often serves to narrow the problem itself as well as the techniques that might be used”. Literature review allows the researcher to acquaint himself with current knowledge in the field or area before delving into a new area of study.

“Review of literature is a summary of research on a topic of interest, often prepared to put a research problem in the context or as the basis for an implementation project”. A literature review helps to play the foundation for the study and can also inspire new research ideas.

The present study is assess the effectiveness of stress reduction intervention in reducing occupational stress among staff nurses working in Rajiv Gandhi Government General Hospital, Chennai- setting. The investigator did an extensive search of the existing literature, and organized it under the following topics:

#### **2.1   Reviews of related studies**

Review of literature discussed as follows

##### **2.1.1. Literatures related to occupational stress among staff nurses.**

##### **2.1.2   Literatures related to occupational stress among intensive care unit staff nurses.**

##### **2.1.3 .Literatures related to factors influencing occupational stress among staff nurses.**

##### **2.1.4. Literature related to effectiveness of educational module on reduction of stress among nurses**

### **2.1.1. LITERATURE RELATED TO CCUPATIONAL STRESS AMONG STAFF NURSES**

**Azizollah Arababisarjou et.al 2017.** Conducted a descriptive analytical study of job stress among nurses working in teaching hospitals at Iran . In this study 180 nurses were participated , Finding indicated that average working experienced of nurses was  $7.31 \pm 5.95$  and their average age was  $30.97 \pm 6.49$  and 136 nurses were female. mean job stress score also was 115.44 which is moderate stress score. 142 nurses experienced moderate stress.38 of them were experienced high stress and none of nurses experienced poor stress. the relationship between age ,gender, and experience with job stress variable<sup>21</sup>.

**Godwin Adzakaph ,Alexender s.Laar (2017)** Conducted a descriptive study of occupational stress among nurses in a hospital in Gana, in this study 73 nurses were participated ,stress measured with the tool of Weiman Occupational Stress Scale and study resulted average level of occupational stress with mean score and individual average score of 37.01 and indicating a 10% higher than the hospital were found to experience above average levels of occupational stress with the mean score and individual average score of 37.01 and 2.47 indicating a 10% higher than the established Weiman Occupational Stress Scale mean score of 33.75 and individual average of 2.25. The study also found that the most common stressors were workload, inadequate resources and conflicting demands whilst the most common strategies the workers used for managing stress were resorting to hobbies, I identifying the source of stress and avoiding unnecessary stress, managing time better, adjusting to standards and attitudes and expressing their feelings instead of bottling them up<sup>22</sup>.

**Rajeswari H, .Sreelekha.B (2016)** Conducted a cross sectional study ,of stress among nurses in a tertiary hospital ,in this 200 nurses were selected by simple random sampling ,result revealed 1% had mild stress, 39.5% had moderate stress,11% had severe stress .In associating demographic variables with level of stress, the variables like age ,sex, marital status ,educational qualification ,designation ,area of work

relaxation technique used have no significant association at the level of  $p < 0.05$  where as variables income ,years of experience area of work with level of stress at the level of  $p < 0.001$  &  $p < 0.20$ <sup>23</sup>.

**Kane Pratibha P. (2016)** Conducted descriptive study on stress causing psychosomatic illness among nurses to establish the existence and extent of work stress in nurses, identify the major sources of stress, and find the incidence of psychosomatic illness related to stress in a hospital setting. Sample size was 106. Stressors due to four main factors: work related, work interactions, job satisfaction, and home stress weighted as mild, moderate, severe, and burnout according to the severity were included. It was revealed that most important causes of stress were jobs not finishing in time because of shortage of staff, conflict with patient relatives, overtime, and insufficient pay. Even psychosomatic disorders like acidity, back pain, stiffness in neck and shoulders, forgetfulness, anger, and worry significantly increased in nurses having higher stress scores which showed that incidence of psychosomatic illness increases with the level of stress<sup>24</sup>.

**Parul Sharma ,anuradha davey et.al.(2014)** Conducted a cross sectional study occupational stress among nurses swami Vivekananda hospital ,Meerut in this study 100 nurses were selected as sample and questionnaire survey and professional stress scale were used measure stress this study reported 51% moderate 3% severe stress and main nurses stressor were poor doctors attitude ,posting in busy department ,inadequate pay ,time pressure ,insufficient time for rest ,and meals .occupational stress is also negatively related to quality of care due to loss of compassion for patient and increased incidence of mistakes and practice error<sup>25</sup> .

**Suman Kr Roy et.al (2013)** Conducted a qualitative study on stress among nurses in tertiary care nursing home at Kolkata ,in this 117 nurses were participated ,study reveals under staffed department and over work ,poor salary ,no appreciation for good work ,conflict with higher authority ,fear of making mistake and lack of security of work were indentified through garrett ranking as major factors for job

stress .anxiety and lack of enthusiasm are common emotional symptoms where as gastro intestinal problems are musculoskeletal problems are identified as common physical illness among nurses .17.9% of study population considered family level of stress was more than work place stress where as 41% opined that job stress distributed their ho life <sup>26</sup>.

**Namrata Mohite, Mahadeo Shinde, Apeksha Gulavani (2012)** Descriptive study to assess occupational stress among nurses working in tertiary care hospitals Karad city in this , 100 staff nurses were participated, and using Modified expanded nurses stress questionnaire. Majority 49% of nurses had reported frequent occurrence of stress, due to uncertainty of concerning treatment. Whereas maximum 48% of nurses had reported frequent occurrence of stress, due to dealing with patient and. Majority 59% due to workload as cause of stress. Inadequate emotional preparation is reported by 68%,24% and 8% of nurses as occasional, frequent and extremely occurring cause of stress respectively. Maximum 49% reported frequent occurrence, due to conflict with the doctors. 52% nurses reported frequent occurrence of stress, because of supervisors as a cause of stress. Maximum 50% nurses reported extreme occurrence of stress due to death and dying as cause of stress. 53%, nurses reported occasional, frequent and extreme occurrence of stress due to conflict with peers as a cause of stress respectively. 48% nurses reported occasional, frequent and extreme occurrence of stress due to discrimination as a cause of stress respectively. There was no significant association found between occupational stress, and age, sex, professional education, year of experience<sup>27</sup>.

**Eswari & Saravanan (2011)**, investigated stress level among women nurses working in various nursing homes in Coimbatore city, Tamil Nadu. The study findings revealed that 52% had moderate stress in the area of conflict with supervisor and torture by higher authorities. It was found that 48.2% had moderate stress related to lack of recognition, insufficient equipment and work overload. Moderate stress was reported by 40.6% of respondents towards fear of making mistakes and unpredictable scheduling. The study also found other areas of stress for women nurses. Sixteen

problems were identified among which “conflict with team members” ranked first followed by others such as “insufficient training shift”<sup>28</sup>.

**Sofia Miriam.S (2008)** Conducted a descriptive study the level of stress among nurses working in general ward ,Mangalore , in this study were 50 nurses were participated ,study revealed that 40% of the sample had moderate stress ,38% had severe stress ,18% had very severe stress only 4% had mild stress with total mean and SD of 81+2.74<sup>29</sup> .

### **2.1.2 LITERATURE RELATED TO OCCUPATIONAL STRESS AMONG ICU NURSES**

**Golam Kibria.Md (2018)** Prevalence of Stress and Coping Mechanism Among Staff nurses of intensive care unit in a selected hospital ,a descriptive cross sectional study was conducted among 50 nurses in ICU ward at Bangladesh hospital .results shows 90% had experience stress ,72% had experience back pain physical stress. Majority of nurses (64%) had experienced boredom as psychological stress. Most of nurses (62%) had experienced common mistakes or errors during work. 74% nurses used prayers and 88% nurses used sharing problems with others in coping stress. Majority (86%) of nurses were having diploma in nursing. Most of nurses (68%) had been working experience of more than three years. 100% nurses feel much stressed when one nurse give care to the more than one patient. There is no association between stress and work stressors (work experiences stressful among intensive care unit (ICU) nurses in Square Hospital Ltd. had been identified and impact on the health and well-being of critical care nurses due to stress<sup>30</sup> .

**Amir Vahedian –Azimi (2017)** Conducted a correlation research survey of effects of stress on critical care nurses at ,this study was aim to personal ,professional ,and organisational variable association with occupational stress .21767 ICU nurses were participated in that male nurses have lower level of peer collaboration ,working with a superior in the unit ,nurses patient ratio ,and working with surgical ICU were

significantly positively associated with greater stress level. Increasing age and married status were negatively associated with stress<sup>31</sup>.

**Rania .A.Zaki.(2016)**Conducted a descriptive study in mental hospital , Egypt in this study 150 nurses were participated ,psychiatric Nurses stress scale and general self efficacy scale were used ,study shows psychiatric nurses suffering from a different aspect of stress regarding psychiatric nurses ability ,the attitude of patient ,attitude of nurses and communication with patient and their families<sup>32</sup>.

**Stehle JL. (2015)** Conducted study by University of Miami on Critical care nursing stress. 50 female nurses working in various ICU settings were taken as samples. Types of critical care units included were the intensive care unit, coronary care unit, pediatric intensive care unit, and the neonatal intensive care unit. Study was to explore, describe, categorize, reduce, compare, or manipulate stress experienced by nurses employed in critical care settings. Purpose of study was to substantiate the presence of stress in critical care and to describe the antecedents of stress. Critical care units, although generally portrayed as highly stressful (46%), were shown to be more stressful (54%) than other types of nursing units<sup>33</sup> .

**Pawar (2014)** Examined the level of stress among nurses working in intensive care units of the hospitals in Navi -Mumbai, Maharashtra, India. The descriptive survey design was adopted for the study in order to identify level of stress and its association to selected demographics. The stress level was identified using modified version of Expanded Nursing Stress Scale. The results of the study showed that 42% of nurses were severely stressed, 34% had moderate stress, 14% had mild stress and 10% had very severe stress. The very severe stress level was highest (30%) in the area of patient and families followed by problems related to supervisors (22%). A significant relationship was found between the level of stress and demographic variables such as age, years of experience and educational qualification<sup>34</sup>.

**Kelly Cristina Inoue et.al(2014)** conducted a cross sectional cohort study at Brazil,,included 60 nurses ,stress estimated by Bianchi stress scale 59.4% have more occupational stress in ICU<sup>35</sup> .

**Roopalekha- Jathanna, Latha & Prabhu et.al(2012)**Examined stress and coping abilities of 329 nurses working in the super speciality hospital in Kerala, India. Descriptive survey design was used. The data was collected using Expanded Nursing Stress Scale (ENSS) and Brief Cope (Carver 1997). The most frequently stressful areas rated by respondents were ‘patients and their family’ and ‘workload’, whereas ‘inadequate emotional preparation’ and ‘discrimination’ rated as least stressful situations. Further analysis revealed that nurses work in operation theatres and emergency units experience high level of stress in the area of conflicts with other care professionals. Nurses working in ICU’s experience high level of stress in area of feeling inadequately prepared to help with the emotional needs of a patient or patient’s family. The results indicated use of adaptive positive appraisal strategies being frequently used by nurses<sup>36</sup>.

**Ruchi saini ,sukhpal,Karobi Das(2011)** Conducted study of “ assessment of stress and burnout among ICU Nurses at tertiary care hospital” Nehru hospital Chanigarh . ,25 nurses –work place stress scale and Maslach Burn out Inventory used result revealed 92% experienced average stress, 8% experienced high level of stress,stress level of nurses was independent of their demographic characteristics. Work load decreased job autonomy ,inadequate supervisor support ,less opportunities of learning on job and feedback significant predictor of stress among nurse<sup>37</sup>.

### **2.1.3. LITERATURE RELATED TO FACTORS INFLUENCING OCCUPATIONAL STRESS AMONG NURSES**

**Mirela bidilica, viorica nedelcu( 2018)** Conducted a descriptive study occupational stress among ICU nurses at Romania , in this study 143 nurses were participated , stress estimated with job stress scale and result revealed that 51% of nurses were under high level of stress .factors affecting occupational stress in ICU nurses ,are making critical in the spot decision ,assignment of disagreeable duties

,assignment of increase responsibility, excessive paper work poor quality of equipment ,meeting dead line ,Covering work for another employee,insufficient personnel.High level of stress in ICU nurses were excessive paper work ,insufficient personal time ,covering for another employee,meeting dead line<sup>38</sup> .

**Tadesse Dagget, Ashagre Molla,Tefera Belachew (2016)** Conducted a institution based cross sectional study was conducted from March 10 to April 10, 2014 through a census of nurses who are working in Jimma Zone public hospitals using a structured self-administered questionnaire. A total of 341 nurses working in Jimma Zone public hospitals were given the questionnaire, and the response rate was 92.3 % (315). This study indicated an average overall job related stress level of  $58.46 \pm 12.62$ . The highest level of job related stress was on the sub scale of dealing with death & dying mean score of 62.94 % followed by uncertainty regarding patient treatment 57.72 % and workload 57.6 %. While job related stress from sexual harassment had the lowest mean score of 46.19 %.<sup>39</sup>.

**Shila latifdeh and Kourosh zrean( 2015 )**conducted analytical descriptive – cross sectional study “occupational stress and its related factor in Nurses working in intensive care units of educational hospital in Ahwaz ,iran for 175 nurses – using nursing job stress questionnaire used and the result stated 50.5 %of nurses have high stress ,41.6% have average stress,7.9 % have low stress .and significant relation ship between job stress and work shift support of managers work load ,operation of speciality tool, lack of opportunity to share problem ,uncertainty in the job description ,meeting the needs of patient and family members, patient death, painful medical procedures. Difficulty of working with other nurses<sup>40</sup>.

**Hunsaker s.et.al.(2015)**Conducted a descriptive study of burn out and compassion statisfactionin emergency dept nurses at USA,1000 nurses participated , reveals high level of fatigue and burn out due low level manager support , while higher level of manager support contributed to higher level of of compassion satisfaction<sup>41</sup>.



**Kakade, Kakade, and Devi (2014)**Examined the factors responsible workplace stress and coping abilities of nurses caring for the patients in intensive care units. A descriptive exploratory survey design was used with sample size of 100 using non-probability purposive sampling method. The sample consisted of nurses working in two hospitals under private trust in Maharashtra, India. The tools used for data collection were Stress rating scale and coping questionnaire. The study showed that majority (59 %) had good coping abilities and 41 % of nurses had average coping abilities. There was no impact of demographic variables of nurses on their stress or coping abilities. It revealed that there was no significant association between the level of stress and coping abilitie.<sup>42</sup>.

**Adib hajbaghery.m lotfi. M.S (2014 )** Conducted cross sectional study at Selected hospital ,Tehran , Iran.to assess the relationship between occupational stress and marital satisfaction at Tehran in this study 200 nurses were participated ,study revealed mean score of occupational stress and marital satisfaction were 104.11+16.42 and 169.65+28.38 respectively . Significant correlation was observed between occupational stress and marital satisfaction ( $r=0.517, p,<0.001$ ) . occupational stress was significantly associated with marital satisfaction of nurses knowledge of stress management in working settings may help them to scope better with the work environment and it also has an influence on marital satisfactio.<sup>43</sup>.

**Vijay & Vazirani (2012)** Conducted a comparative study to assess stress and stress busters among nurses using a questionnaire developed by the researcher. It was found that low salary, job security, interpersonal skills and improper behaviour of relatives and friends were main stressors for the nurses working in private hospitals. The government hospital nurses encounter stressors such as number of working hours, frequent change in shifts; poor quality of infrastructure, the number of patient handled everyday and dealing with patients with contagious disease. Spending time with the family was found to be main stress buster for nurses<sup>44</sup>.

#### **2.1.4. LITERATURE RELATED TO EFFECTIVENESS OF EDUCATIONAL MODULE ON REDUCTION OF STRESS AMONG NURSES**

**Sushma Manwatkar, Susanne Mathew (2016)** Conducted a study aim to assess the effectiveness of Self Instructional Module among staff Nurses regarding stress Management in Selected Hospital at Nagpur ,India . 60 staff Nurses were selected for this study. 30 item of Structured questionnaires were used to assess the knowledge of nurses regarding stress management. The study findings shows that in pre test 60% of nurses having good knowledge 35% having satisfactory knowledge 3.33% excellent level of knowledge 1.67 % Poor level of knowledge , mean score of pre test was 13.28. whereas post test knowledge. score was 73.33% of nurses having very good knowledge,16.67% of nurses having good knowledge,8.33% of having excellent level of knowledge, 1.67% of satisfactory level of knowledge mean score of post test was 20.86<sup>45</sup>.

**Azadeh Amiri,1 Giti Setoodeh, et.al (2016 )**Conducted a randomized controlled interventional study, 201 females were selected from 463 operating room nurses, stress management training programme result revealed Paired t-test was used to compare the mean scores of job stress between the intervention and control groups before and after the intervention . According to the results, the intervention group's mean scores of job stress reduced in all dimensions, except for workload ( $P = 0.46$ ) and physical environment ( $P = 0.096$ ). However, a significant increase was detected in the mean scores of incompetence of the role, range of the role, and responsibility dimensions . Independent t-test was employed to compare the 2 groups regarding the mean scores of different dimensions of job stress after the intervention . The results revealed a significant difference between the 2 groups regarding the mean scores of incompetence of the role, duality of the role, range of the role, and responsibility. However, no significant difference was found between the 2 groups concerning the mean scores of workload and physical environment ( $P = 0.091$  and  $P = 0.46$ , respectively). Total job stress score decreased in the intervention group after the intervention ( $P = 0.001$ ) yet in the control group, total job stress score increased in reverse ( $P = 0.001$ )<sup>46</sup>.

**Rebekah K.Hersch ,Royer .F. Cook et.al (2016 )**Conducted randomized controlled trial Study was conducted in 5 hospitals in Virginia New York , to evaluate the effectiveness of the web based stress management programme for nurses ,104 nurses were participated in this study With using of Nursing Stress Scale result revealed The experimental group showed significantly greater improvement than the control group on the primary outcome measure of nurses' stress. Significant differences were found between the experimental and control groups on the full Nursing Stress Scale ( $t = -2.95$ ;  $p = .00$ ) and six of the seven subscales including stress related to issues of death and dying ( $t = -2.24$ ,  $p = .03$ ), conflict with physicians ( $t = -2.11$ ,  $p = .04$ ), inadequate preparation ( $t = -1.95$ ,  $p = .05$ ), conflict with other nurses ( $t = -4.17$ ,  $p = .00$ ), workload ( $t = -2.30$ ,  $p = .02$ ), and uncertainty concerning treatment ( $t = -2.14$ ,  $p = .03$ ). The only subscale where there were no significant differences between groups was stress related to issues of lack of support ( $t = -1.49$ ; ns)<sup>47</sup>.

**Bincy .R (2012).**Conducted a pre experimental study among 30 critical care unit nurses working in Medical College Hospital in Kerala,India to assess the effects of stress management intervention such as job stress Awareness ,Assertive Training ,Time management ,and Progressive Relaxation technique on job stress.the result showed that caring for patient ,general job requirement and work load were major sources of stress for the nurses .the management intervention were statistically effective in reduced from 60% to 20% during post test .the stress management intervention were statistically effective in reducing the stress of nurses at  $p < 0.00$ <sup>48</sup>.

**Laubach W, brosig CE, (2015)** Conducted study was on a comparative study on the effectiveness of professionalization on German and American intensive care nurses in a German us American comparative study of 13 ICU nurses each analyzes what effects a higher degree of professionalism has on every day nursing practice. Using the data of structured interviews, dimension of job perception and aspects of coping capability with stress in regard to patient care and relation with physician of both nursing groups are compared. The results show that US American nurses often refer to issue of booklet on cognitive, aspects of being in control of a situation and emphasize their professional part<sup>49</sup>.

**Harris RB (2014)** Conducted study was on reviewing nursing stress according to a proposed coping adaption framework in seton Hall University, college of nursing, south orange, New Jersey. Is stress is a common problem for nurses, who in intensive care units, stress coping theory is useful in analyzing ineffective coping and its outcome. This study show compares stress among nurses in ICU to stress in non ICU nurses. The educational module will reduce effects of stresses, such as nursing dissatisfaction and the loss of nurses to the profession will discuss .Research and commentaries, regarding stress in ICU nurses, non ICU nurses will be reviewed. Areas for future research will be presented<sup>50</sup>.

**Saritha 2011** Conducted quantitative study aim to assess the knowledge regarding work place psycho social stress, in this study 30 nurses in Manasa hospital at Banagalore were participated the study reveals , knowledge of psycho social stress of work place of the pre –test none of the subjects had adequate knowledge, where as in post-test knowledge score revealed that majority of them had [83.33%] adequate knowledge regarding work place psycho social stress . 21 Mean post test knowledge score with SD 2.78 was higher than the mean pre tests knowledge score with SD 2.82. And the obtained T value 18.9425 was highly significant at 0.05 level .The results indicate that the STP was effective in increasing the knowledge of subjects regarding Coping strategies for psychosocial stress related disorders at work environment<sup>51</sup>.

## **2.2 CONCEPTUAL FRAMEWORK**

Conceptual framework deals with concepts assembled together by virtue of their relevance to research problem which provides a certain frame of reference to clinical practice, research and education. The framework gives direction for planning research design, data collection and interpretation of findings.

### **BETTY NEUMANN'S HEALTH CARE SYSTEM MODEL.**

The present study was intended to find out effectiveness of psycho education module in reduction of occupational stress among staff nurses working in intensive care unit Raji Gandhi Government Hospital at Chennai. The conceptual framework is based on Betty Neumann's health care system model. According to this model affords a total person approach (or) holistic client approach by providing the multidimensional view of a person as an individual. This model includes holistic client approach, open system, basic structure, environment, and stressors, line of defence and resistance, degree of reaction, three levels of prevention as intervention. Holistic client approach mainly focuses dynamic and constant interaction between client and environment. Betty Neumann's model focuses on stress and stress reduction is primarily concerned with the effect of stress on health.

### **BASIC CORE STRUCTURE**

According to the Neumann's model the person has core circle consisting of basic structures. These basic structures encompass the factors necessary for client survival. These factors also included physiological, psychological, socio cultural, developmental and spiritual variable. Surrounding the basic core structure is concentric circle, which includes the line of resistance and line of defence. A solid line which is outside of the Line of Resistance is called Normal line of defense. It is an equilibrium state or the adaptation state that a client can make some adjustment to overcome the stressors. Flexible line of defense is a broken line which is outside of the Normal line of defense. It acts as a protective barrier to prevent stressors. It is dynamic and can change rapidly over a short time. The series of lines surrounding the basic core structure is called Line of resistance. It represents the internal factors of the

person that helps defend against stressors. The degree of reaction is the amount of system instability occurs after the exposure to stressors. Neumann describes stressors as any environmental force and it include tension producing stimulus that has the potential to affect a person's normal line of defense. According to Neumann's there are some specific interventions like primary, secondary and tertiary prevention which used to retain or maintain system stability.

In this study the investigator uses the following demographic variables: age, sex, marriage, professional qualification, years of experience, family, living with spouse, number of children, family members with physical or mental disability, perceived social support, distance of working area, recreational activity as a basic core structure

## **ASSESSMENT**

The internal and external forces can affect the client at any time which is considered as environment. It includes intrapersonal, interpersonal and extra personal factors. Stressors are any environment force that alters system stability. A person's reaction to a stressor is determined by natural and learned resistance which is manifested by the strength of the lines of resistance and the normal and flexible line of defense.

In this present study staff nurse is viewed as an open system that is influenced by various stressors those are; intrapersonal: role conflict, ambiguity, lack of experience and interpersonal: shift and week-end work, interpersonal conflict, lack of family support and extra personal: exposure to pain and death, lack of autonomy, technological advancement. In the flexible line of defense, the staff nurses would develop positive attitude towards their work environment. In the normal line of defense, staff nurses try to use coping measures to adjust with stressful situation. Staff nurses again possess a line of resistance which attempts to stabilize the individual according to the ability to cope up with the problems. But when the stressors cross through the line of resistance due to the intensity, may alter the basic structures and shows various stress reaction.

## **INTERVENTION**

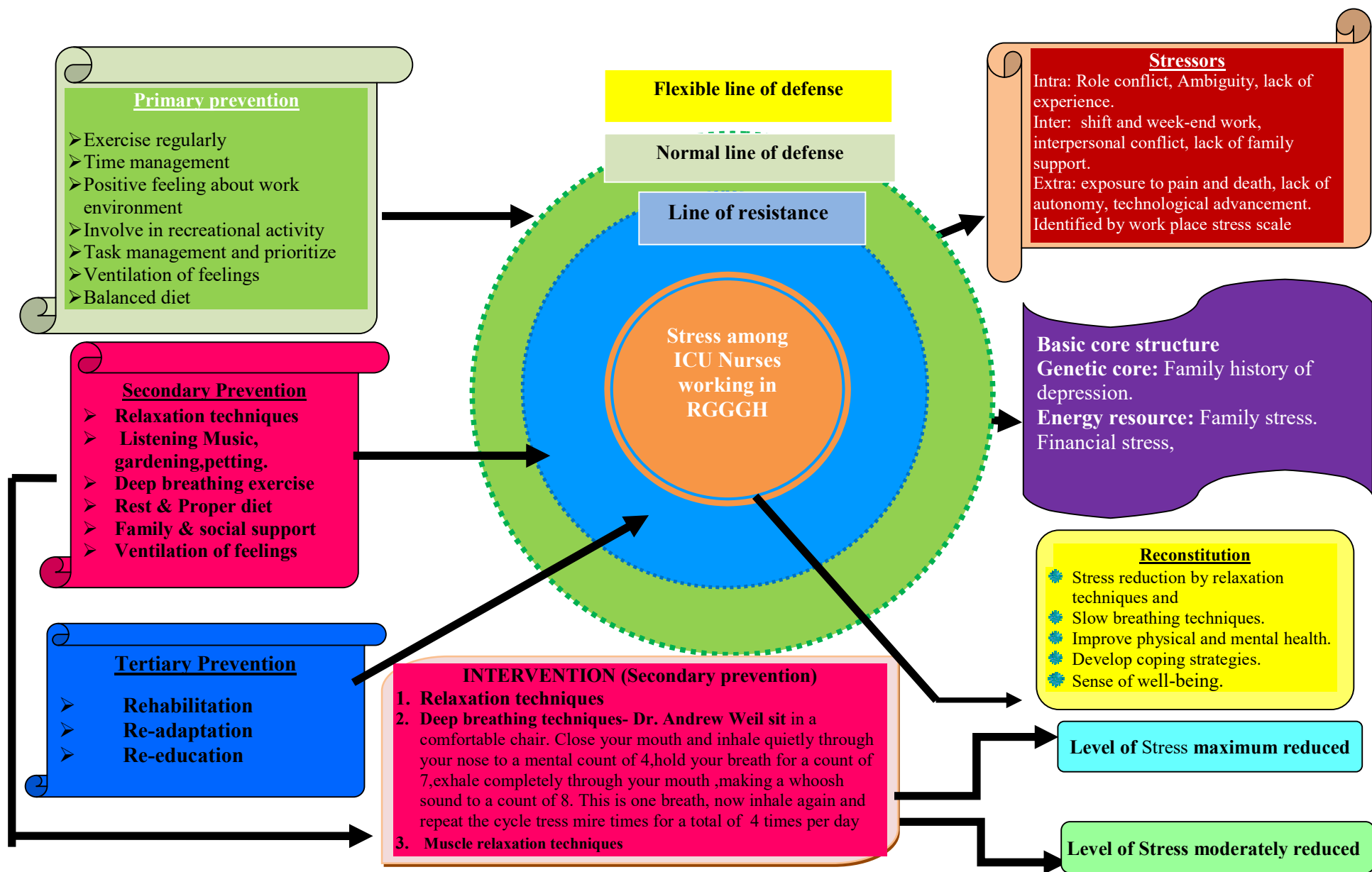
Specific interventions like primary, secondary and tertiary prevention are used to retain or maintain system stability. Primary prevention includes psycho education regarding exercise regularly, relaxation, and ventilation of feelings, proper diet, social support, involve in the recreational activity, maintain positive feeling about their work environment and time management. Secondary prevention includes stress reduction by relaxation techniques, slow breathing techniques, muscle relaxation techniques, rest and proper diet, family and social support, ventilate the feelings. Tertiary prevention includes rehabilitation like re-adaptation and re-education to prevent future occurrence and maintenance of stability. In this study various techniques are educate to the staff nurses working in intensive care unit in Rajiv Gandhi government hospital at Chennai, which are used as a primary prevention to reduce the occupational stress.

## **EVALUATION**

It is the end product of a system as a result of its process; it refers to decrease or maintain the stress among the staff nurses working in intensive care unit and measured by post test.

## **RECONSTITUTION**

It is a state of person system can adapt to stressor is called reconstitution. It includes stress reduction by meditation and breathing exercise, improving physical and mental health, develop coping strategies and sense of well-being.



**2.2.1 Conceptual framework based on modified *Betty Neumann's* health care system model**



## CHAPTER -III

### METHODOLOGY

This chapter deals with the research approach ,research design, the variable of the study, the setting, of study population, sample size, sampling technique, selection criteria, development and description of tool, content validity, pilot study, reliability, data collection ,procedure and plan for data analysis. This study is aimed to assess the effectiveness of education module on stress management in reduction of occupational stress among ICU nurses in RGGGH, at Chennai.

#### 3.1 RESEARCH APPROACH

Research approach is important element of research .It is a systematic plan of steps involved in research. In this study effectiveness of educational module on stress management in reduction occupational stress among ICU nurses were assessed .By this quantitative approach was adopted for this study.

**3.2 RESEARCH DESIGN:** The investigator used pre experimental design with one group pre test and post test for this study approach .There was a manipulation for the subject without control group and randomization.

GROUP	BEFORE EDUCATION	INTERVENTION	AFTER EDUCATION
Staff Nurses working in Intensive care units	O <sub>1</sub> . level of occupational stress before giving education module	X teaching of education module and issuing information booklet.	O <sub>2</sub> level occupational stress after education module

#### KEYS

O<sub>1</sub>- Pre test level of occupational stress among the nurses.

X - Educational module regarding reduction of occupational stress

O<sub>2</sub>- Post test level of occupational stress among the nurses.

### **3.3 STUDY SETTING**

The study was conducted in intensive care units of RGGGH, Chennai.

### **3.4 STUDY POPULATION**

#### **3.4.1 Target population**

Target population of the study was all the Staff nurses in RGGGH in Chennai.

#### **3.4.2 Accessible population:**

Accessible population are Staff nurses working in intensive care units in RGGGH, Chennai-03.

### **3.5. SAMPLE**

Intensive Care Unit nurses working in RGGGH Chennai ,who fulfilled the inclusive criteria of sampling criteria.

### **3.6 SAMPLE SIZE:**

60 Samples of staff nurses working in intensive care units.

### **3.7 SAMPLING TECHNIQUE:**

All the female and male nurses working in ICU who fulfilling inclusive criteria were selected by Non Probability (convenient) sampling method for this study .

### **3.8 RESEARCH VARIABLE**

#### **3.8.2 Independent variables**

Education module

#### **3.8.3 Dependent variable**

Level of occupational stress among ICU nurses

### **3.9.CRITERIA FOR SAMPLE SELECTION :**

The study sample was selected by the following inclusion and exclusion criteria

#### **3.9.1(a) . Inclusion Criteria**

1. Nurses, with a minimum of 3 years experience, who are working in intensive care units of RGGGH, Chennai.
2. ICU nurses who are willing to participate in the study.
3. Nurses who are working in any of the shifts in all ICUs.

#### **3.9.1 (b) . Exclusion Criteria**

1. Stress score less than,15, more than 30.

2. .ICU nurses are not available at the time of data collection
3. .ICU nurses who are selected for Pilot Study.

### **3.10 TOOL FOR DATA COLLECTION**

- a) The tool used for the study was Work Place Stress Scale.
- b) The Technique used for the study was structured questionnaire method.
- c) The Tool consists of two sections.

#### **The tool consists of Section-A and B**

##### **.Section- A: Socio demographic data:**

It consists base line data such as age, gender, marital status education, family, living with spouse number of children professional qualification, years of experience ,is there any family members with physical or mental disability of any major illness, perceived social support ,distance (km) of working area from residence, type of recreational activity ,which defence mechanism have you use occupation, income, years of experience and income,

##### **.Section- B: The Work Place Stress Scale.**

#### **3.10.1. DESCRIPTION OF THE INSTRUMENT**

**SECTION A:** There is no score allotted for the baseline variables.

**SECTION B:** Work Place Stress Scale.

The investigator collected the data by structured questionnaire method. The items were assessed by the tool scores, which was given based on the nature of questions that is in positive manner for positive type questions and in reverse manner for the negative aspect questions. tool is 5 point likert scale ,first five items are positively ranking from never holds 1 ,rarely 2,sometime 3,often 4 ,very often 5,and last 3 items reversely scoring like from never holds 5, rarely 4, sometime 3, often 2, very often 1.

**Total score of 15 or lower:** very low stress.

**Total score 16 to 20:** Fairly low stress.

**Total score 21-25:** Moderate stress.

**Total score 26-30:** Severe stress.

**Total score 31- 40:** Dangerous Stress level.

The following table shows the level of stress interpretation

S.no	Level of stress	Score
1.	Dangerous stress	31-40
2.	Severe stress	26-30
3.	Moderate stress	21-25
4.	Fairly low stress	16-20
5.	Very low stress	< 15

**Minimum score = 5    Maximum score = 40**

### **3.11 Content validity of the tool**

Data collection tool is an instrument that measures the variables of interest of the study accurately, precisely and sensitively. The tool was validated by 5 experts from the field of Psychiatric Nursing, Psychiatrist, and clinical psychologist. The experts were requested to check the relevance, sequence and adequacy of the items in the structured questionnaire. There was uniform agreement to the tool adopted for conducting the study. Hence, the investigator proceeds with the same too.

### **3.12. Reliability of the tool.**

The reliability of an instrument is the degree of consistency with which it measures the attribute and it is supposed to be measuring over a period of time. The Tool was a standardized one after pilot study, reliability of the tool was assessed by using test-retest reliability method and its correlation coefficient  $r$  –value was 0.85. This correlation coefficient is very high and it is good tool for evaluate the effectiveness of education module on reduction of stress among ICU Nurses working in RGGGH at Chennai.

**3.13 Ethical considerations:** By submitting study proposal the permission was obtained from Institutional ethics committee of Rajiv Gandhi government general hospital Chennai the investigator followed the ethical guidelines which were issued by the Institutional ethics committee. Throughout the period of study the respect, dignity and confidentiality of the staff nurses was maintained. Prior study oral and written consent were obtained from the subjects, prior to the data collection and

confidentiality with the information was ensured throughout the study. The study was done without any violation of human rights.

### **3.14. Pilot study**

The feasibility of the study was assessed by conducting the pilot study. The pilot study conducted with 6 samples that fulfilled the sampling criteria was selected by Non-probability convenient sampling technique. In the pre-test interview took 30 minutes and data's were collecting, and education module booklet given to the samples. After education module booklet the samples were sent out to their residence. Then the pre-test data's were analysed. After 7 days at the post-test data's were analysed after collecting no modification was made, not included the pilot study samples to the main study. The pilot study result elicited that the study was feasible

### **3.15 .DATA COLLECTION PROCEDURE**

Data collection is the process of acquiring and collecting information needed for the study from the subjects. The data collection period started from 02.01.2018 to 29.01.2018. Prior to data collection a formal permission from Dean , RMO ,and the Nursing Superintendent Grade –I . RGGGH, Chennai .Investigator had contacted 75 nurses from all ICU will be only used for the study purpose .Sample selection criterion of **convenient sampling** technique .Among 15 of them quit from study due to sick ,casual leave , attending CNE programme, not willing to participate ,finally 60 were selected for this study . Before the administration of the tool, self introduction and purpose of data collection were explained to the samples. Informed consent was obtained from the subjects. The participants were assured of anonymity and confidentiality of the information provided by them and assurance was given that the information obtained will be used only for the study purpose.

. First day Investigator went to ICU ward at 7:15 am she introduced herself to ICU Nurses The first 5 minutes the investigator spent time for establishing rapport and around 16 samples was collected in morning shift that means 2 staffs from each ICU ward and on the day itself she conducted pre test, stress questionnaires given to them . Then 3pm she went ICU ward she introduced herself to afternoon shift staff nurses spent time for establishing rapport and 10 sample was collected in the

afternoon shift totally 26 sample was collected both shift on the first day of data collection and conducted pre test.

Like that 2<sup>nd</sup> 3<sup>rd</sup> day samples were collected both morning and evening shift totally ,27 samples and 22 samples respectively. 4<sup>th</sup> to 7<sup>th</sup> of January (3 consecutive days) she conducted education programme regarding stress management strategies and also she issued information booklet regarding stress management. Investigator monitor the subject about their work attitude and performance daily and discussing with management strategies like deep breathing exercise and all .

After 20 days post test was conducted for 60 samples with same standardized work place stress scale.

### **3.16 Intervention protocol,( education module)**

<b>S.NO</b>	<b>SESSION</b>	<b>DURATION</b>
1.	Investigator introduced herself and creates a trusting relationship with ICU staff nurses.	2 minutes
2.	Meaning of stress and occupational stress	2 minutes
3.	Causes of occupational stress	3 minutes
4.	Signs and symptoms of occupational stress	3 minutes
5.	Categories of occupational stress	2 minutes
6.	Occupational stress reducing strategies	15 minutes
7.	Issuing informational booklet on reduction of occupational stress	1 minutes
8.	Discussion and feed back	2 minutes
<b>TOTAL</b>		30 minutes

Followed by education session I thank for all who participated in my study I went Matron office thanks to them.

**3.17 DATA ENTRY AND DATA ANALYSIS:** After the data collection 4-5 data's were entered in the coding sheet in SPSS version. At the end of the data collection the collected data was arranged and tabulated to represent findings of study of research data and the findings of the study. Percentage, mean, standard deviation, t- test and

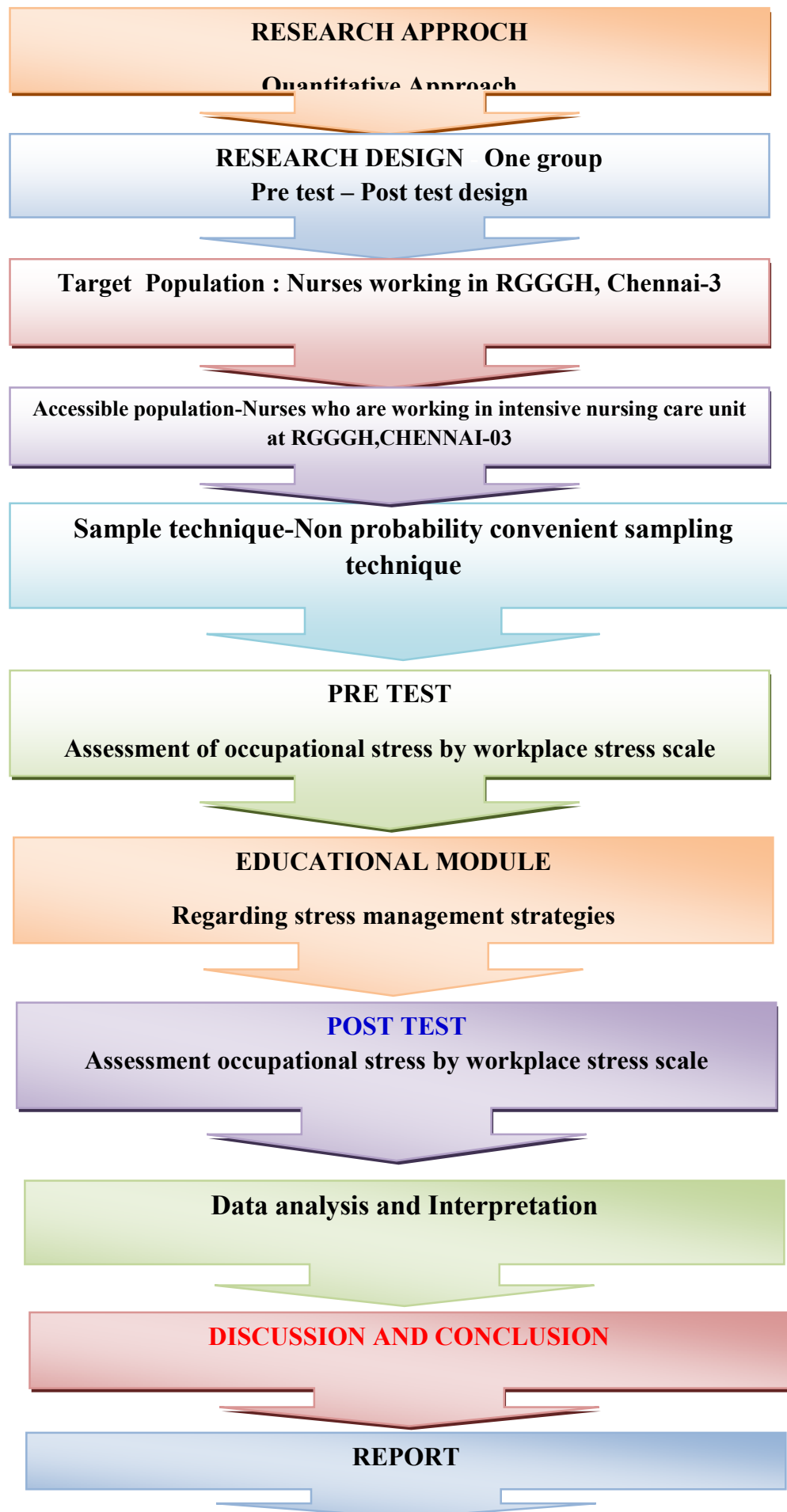
chi square to find out the association between socio demographic variable and to occupational stress among Nurses working in ICU before and after psycho education

**3.17.1. DATA ANALYSIS METHOD:** The Data collected was analyzed by using descriptive and inferential statistics.

- **DESCRIPTIVE STATISTICS: Analysis of the baseline data** was done by using frequency and percentage. Occupational Stress among ICU nurses was analyzed by computing frequency, percentage, mean and Standard deviation.

**INFERENTIAL STATISTICS: Paired “ t” test** was used to find out the effectiveness of education module on occupational stress among in ICU Nurses

# SCHEMATIC REPRESENTATION OF THE STUDY





## **CHAPTER IV**

### **DATA ANALYSIS AND INTERPRETATION**

This chapter deals with the analysis and interpretation of the data obtained from 60 staff nurses who were working in intensive care unit at Rajiv Gandhi Government hospital, Chennai. Statistical procedure enabled the investigator to analyze, summarize, evaluate, interpret, and communicate the numerical information. Statistical analysis is a method of rendering quantitative information which is meaningful and intelligible.

The collected data were tabulate and presented according to the objectives under the following headings.

➤ **Section I:**

Deals with the socio demographic variables of ICU staff nurses

➤ **Section II:**

Pre test level of occupational stress among nurses working in ICU before education module.

➤ **Section III:**

Post test level of occupational stress among nurses working in ICU after education module.

➤ **Section IV:**

Assess the effectiveness of education module

➤ **Section V:**

Association between post test level of occupational stress and selected demographic variables.

**Section I: Table1:4.1 Demographic profile of ICU staff nurses.**

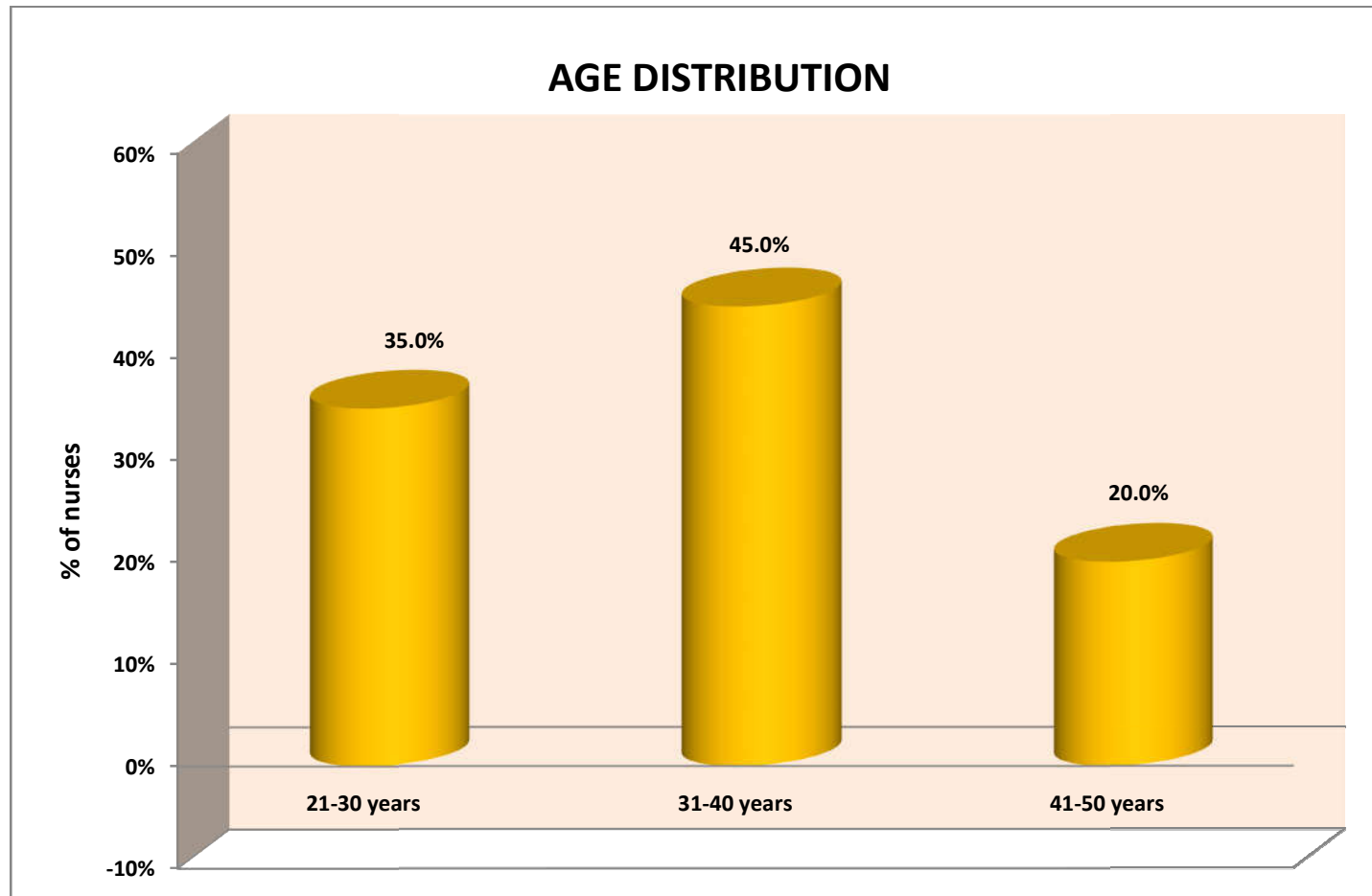
<b>Demographic information</b>		<b>No. of Nurses</b>	<b>%</b>
<b>Age</b>	21-30 years	21	35.0%
	31-40 years	27	45.0%
	41-50 years	12	20.0%
<b>Sex</b>	Male	3	5.0%
	Female	57	95.0%
<b>Marital status</b>	Married	49	81.7%
	Unmarried	10	16.6%
	Widow	1	1.7%
<b>Professional qualification</b>	DGNM	45	75.0%
	B.Sc (N)	3	5.0%
	PBBS.c (N)	12	20.0%
<b>Years of experience</b>	1-10 yrs	35	58.3%
	11-20 yrs	17	28.3%
	21-30 yrs	5	8.4%
	> 30 yrs	3	5.0%
<b>Type of Family</b>	Nuclear family	41	68.4%
	Joint family	17	28.3%
	Extended family	2	3.3%
<b>Living with spouse</b>	Yes	49	81.7%
	No	11	18.3%
<b>Number of children</b>	No	21	35.0%
	One	18	30.0%
	Two	21	35.0%
<b>Is there any family members with physical or mental disability or any other major illness</b>	No	48	80.0%
	Yes	12	20.0%
<b>Nursing profession related person available in the family</b>	No	50	83.4%
	MPHW	3	5.0%
	Diploma in nursing	5	8.3%
	B.Sc (N)	2	3.3%
<b>Perceived social support</b>	Good	22	36.7%
	Average	28	46.6%
	Poor	10	16.7%
<b>Distance (km) of working area from residence</b>	1 - 5 km	5	8.3%
	6 - 10 km	25	41.7%
	>10 km	30	50.0%
<b>Type of recreational</b>	Nil	12	20.0%

<b>activity</b>	Radio	13	21.7%
	TV	29	48.3%
	Going out	6	10.0%
<b>Which defense mechanism have you use to overcome occupational stress</b>	Justification	12	20.0%
	Displacement	25	41.7%
	Compensation	18	30.0%
	Others	5	8.3%
<b>Occupational stress will</b>	Disrupt the working environment	22	36.7%
	Induce depression mood	12	20.0%
	Produce sudden mental upset	20	33.3%
	Lower the self esteem	6	10.0%
<b>Occupational stress best reduction technique</b>	Yoga	10	16.7%
	Accustom with the situation	24	40.0%
	Adopt recreation activity	14	23.3%
	Modify the behavior	12	20.0%
<b>Occupational stress will lead to physical symptoms of</b>	Sleeplessness	16	26.7%
	Ulcer in stomach	13	21.6%
	Depression	16	26.7%
	Chronic headache	15	25.0%

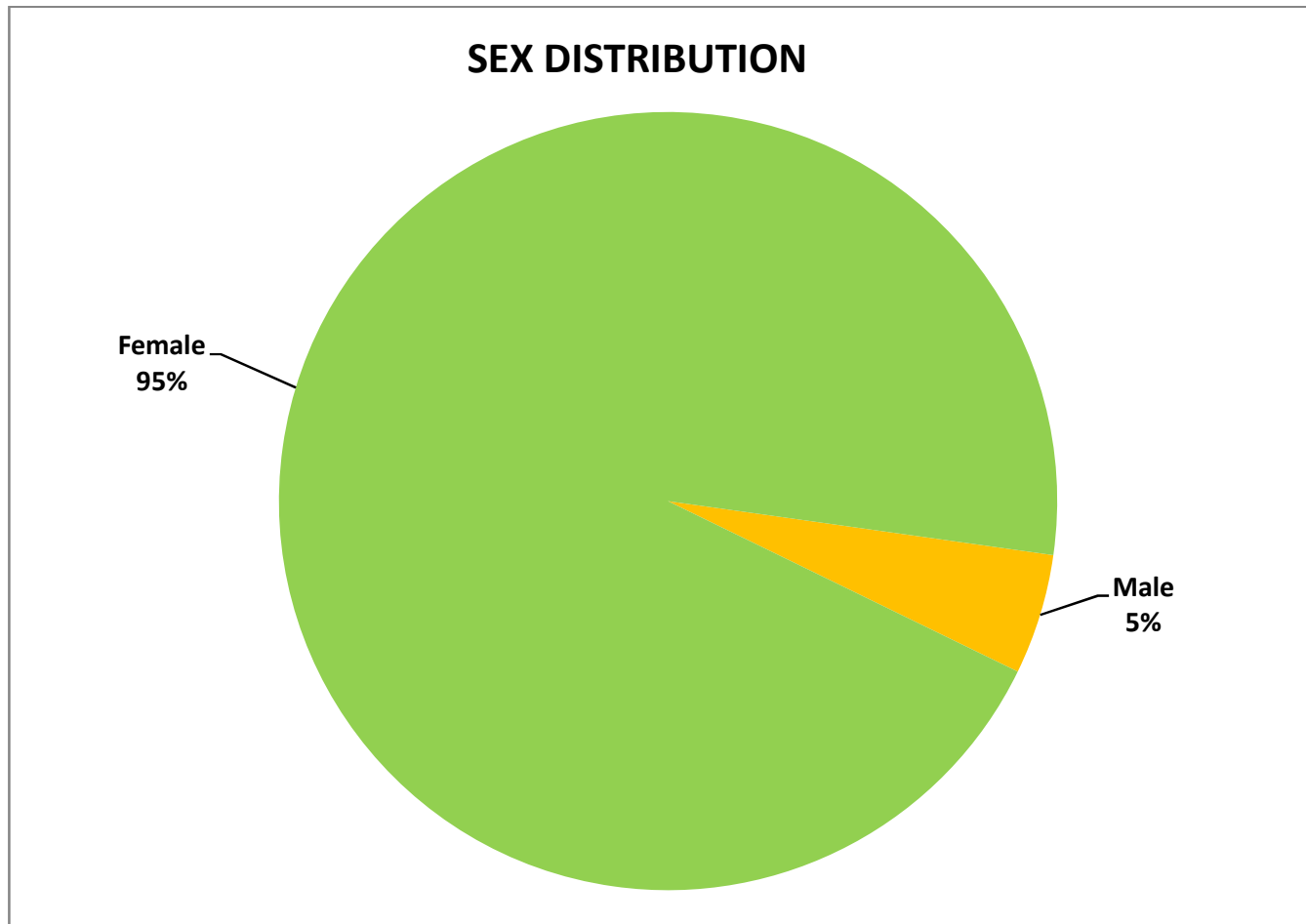
The above table 4.1 shows the demographic information of nurses those who are participated for the following study on **“A Study to assess the effectiveness education module on stress management in reduction of occupational stress among nurses working in intensive care units at RGGGH at Chennai”**.

- Among 60 ICU staff nurses (45%) were 31-40 years, (35%) were 21-30 years, (20%) were 41-50 years.
- In sex (95%) were female, (5%) were males
- According to marital status (81.7%) were married, (16.6%) were unmarried, (1.7%) were widow.
- In professional qualification revealed that (75%) were DGNM, (5%) were B.Sc(N), and (20%) were PBB.Sc(N).
- Regarding years of experience (58.3%) were 1-10 years of experience, (28.3%) were 11-20 years, (8.4%) were 21-30 years, (5%) were more than 30 years.
- The type of family revealed that (68.4%) were nuclear family, (28.3%) were joint family, (3.3%) were extended family.

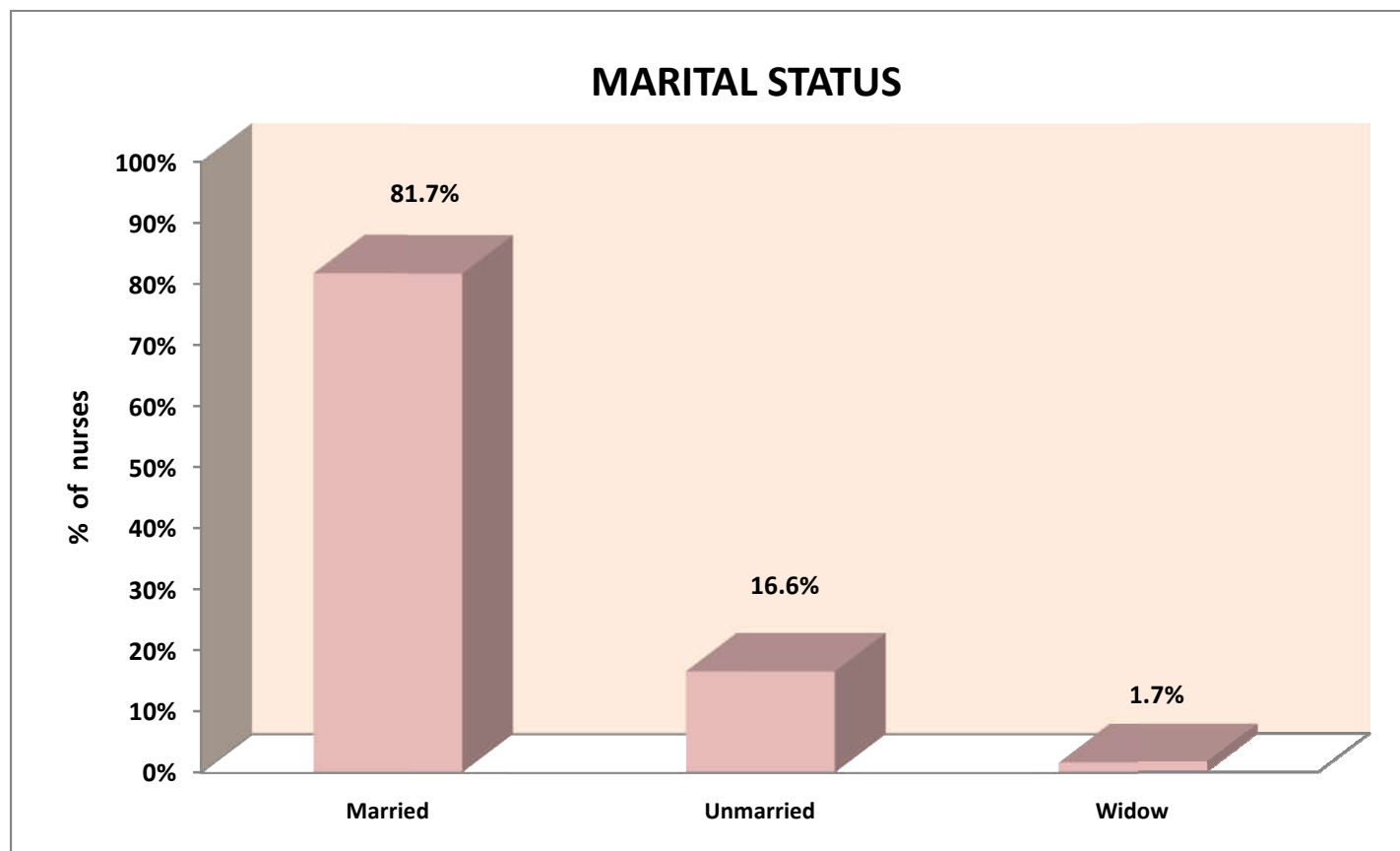
- According to living with spouse (81.7%) were living with their spouse, (18.3%) were not living with their spouse.
- Among the ICU staff nurses (35%) were doesn't have a children, (30%) were have one children, (35%) were have two children.
- Is there any family members with physical or mental disability or any other major illness revealed that (80%) were said no, and (20%) had the one of the family member with illness.
- Regarding nursing profession related person available in the family (83.4%) were doesn't have nursing professional in their family, (5%) were have MPHWS in their family, (8.3%) were have diploma in nursing in their family, (3.3%) were have B.Sc(N) in their family.
- According to perceived social support (46.6%) had average support, (36.7 %) good social; support, (16.7%) had poor social support.
- In distance of working area from residence revealed that (50%) were from more than 10 Km, (41.7%) were from 6-10 Km, (8.3%) were from 1-5 Km.
- In type of recreational activity (48.3%) were watching TV,(21.7%) were hearing radio, (20%) were not engaged in any recreational activity, (10%) were going out .Regarding which defence mechanism have you use to overcome occupational stress was (41.7%) were used displacement, (30%) were used compensation, (20%) were used justification, (8.3%) were used other defence mechanism.
- Knowledge of staff nurses regarding occupational stress will (36.7%) were thought occupational stress disrupt the working environment, (33.3%) were thought produce sudden mental upset, (20%) were thought induce depression mood, (10%) were thought lower the self esteem.
- Knowledge regarding occupational stress best reduction technique was (40%) thought accustom with the situation, (23.3%) thought adopt recreation activity, (20%) thought modify the behaviour, (16.7%) thought yoga.
- Knowledge of ICU nurses regarding occupational stress will lead to physical symptoms of (26.7%) thought sleeplessness, (26.7%) thought depression, (25%) chronic headache, (21.6%) thought ulcer in stomach.



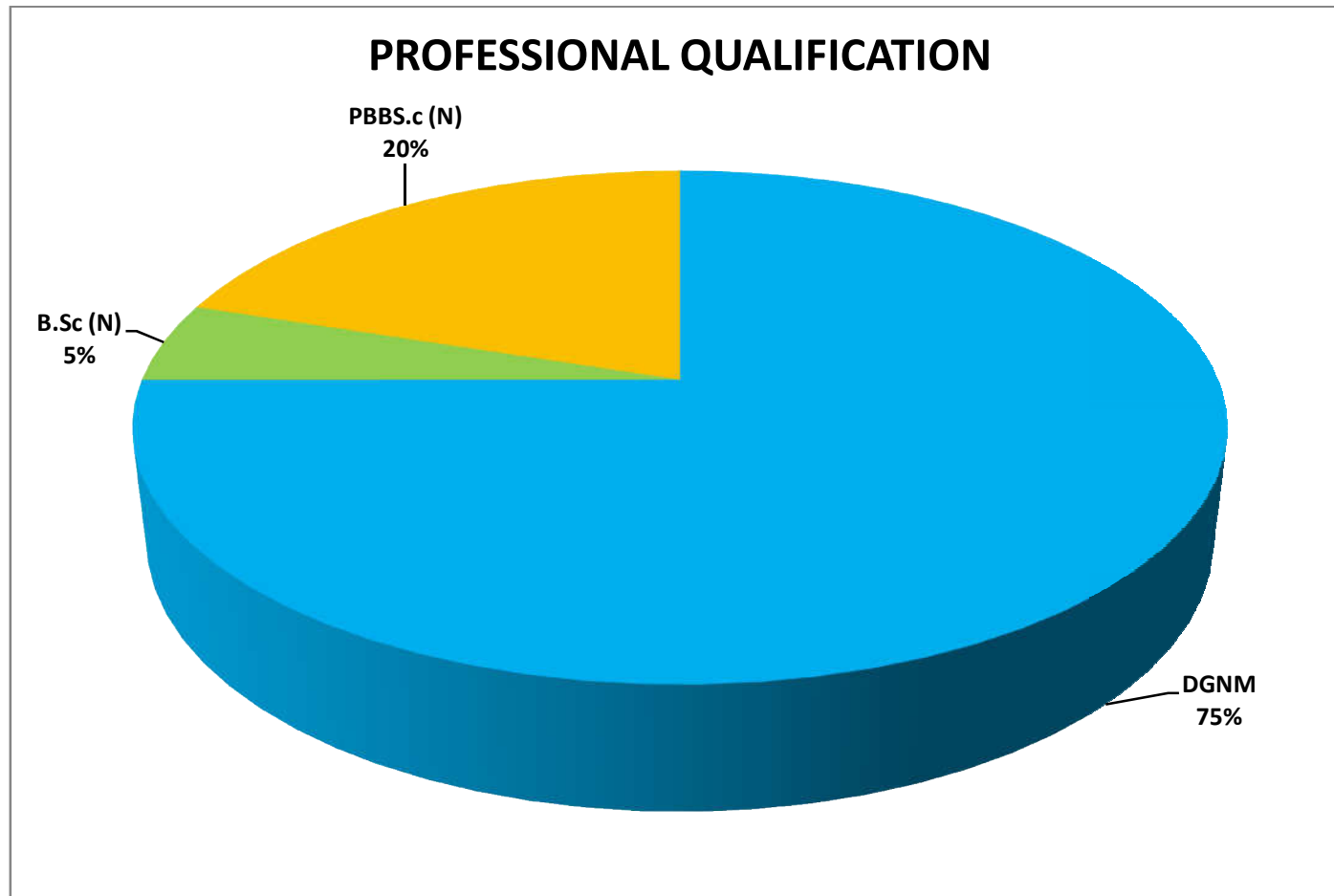
**Fig 4.1 Age distribution of ICU staff nurses**



**Fig 4.2 Sex distribution of staff ICU nurses**

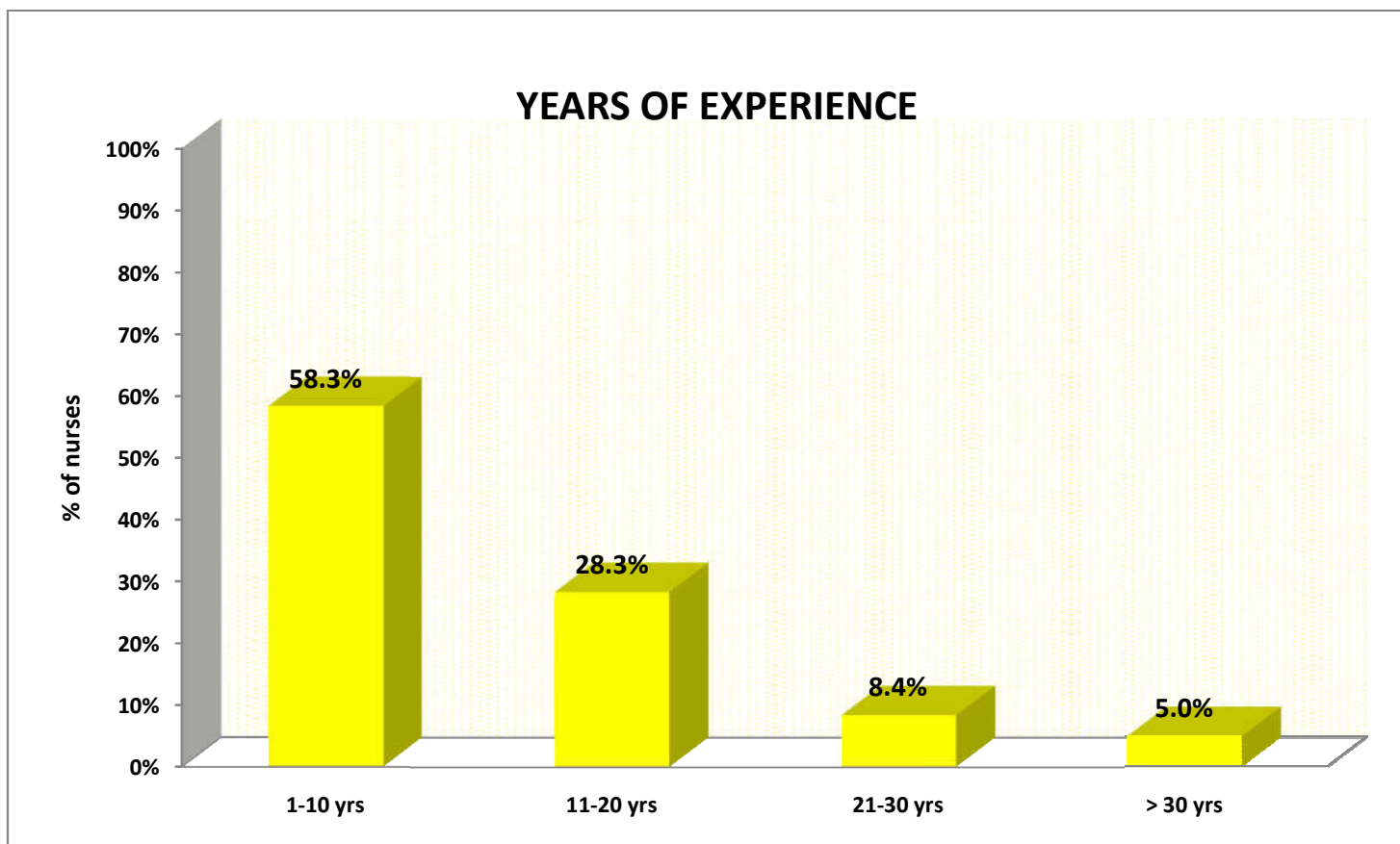


**Fig 4.3 Marital status of staff ICU nurses**

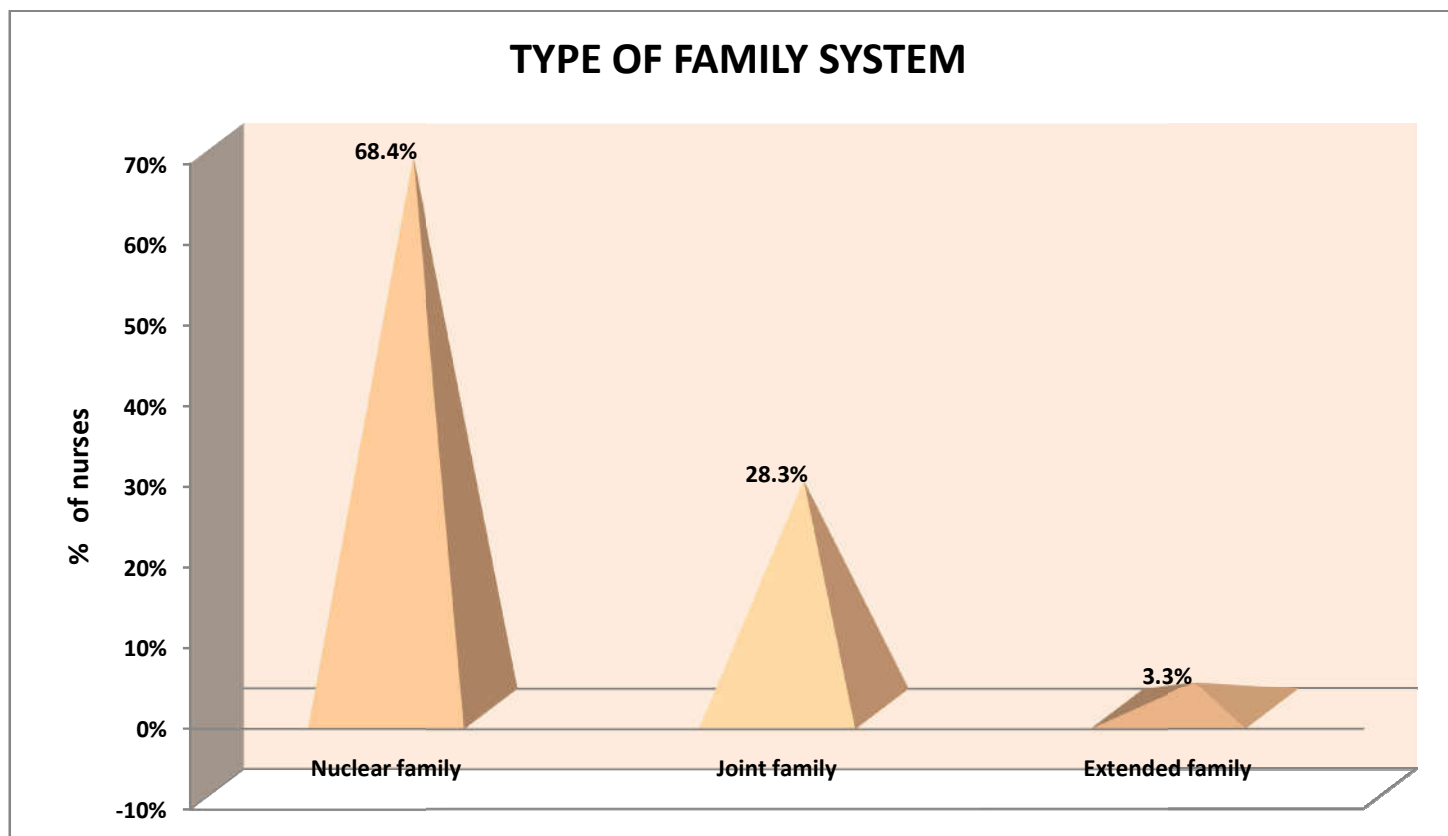


**Fig 4.4 Professional qualification of staff ICU nurses**



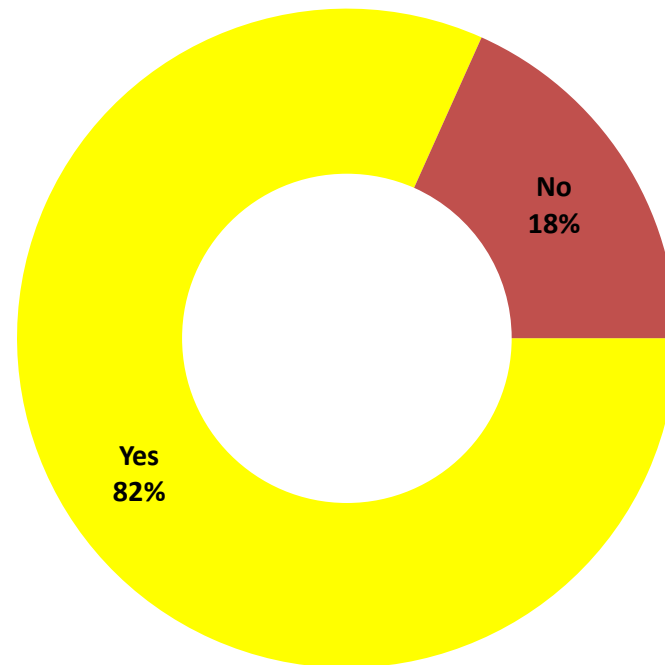


**Fig 4.5 Years of experience of ICU staff nurses**

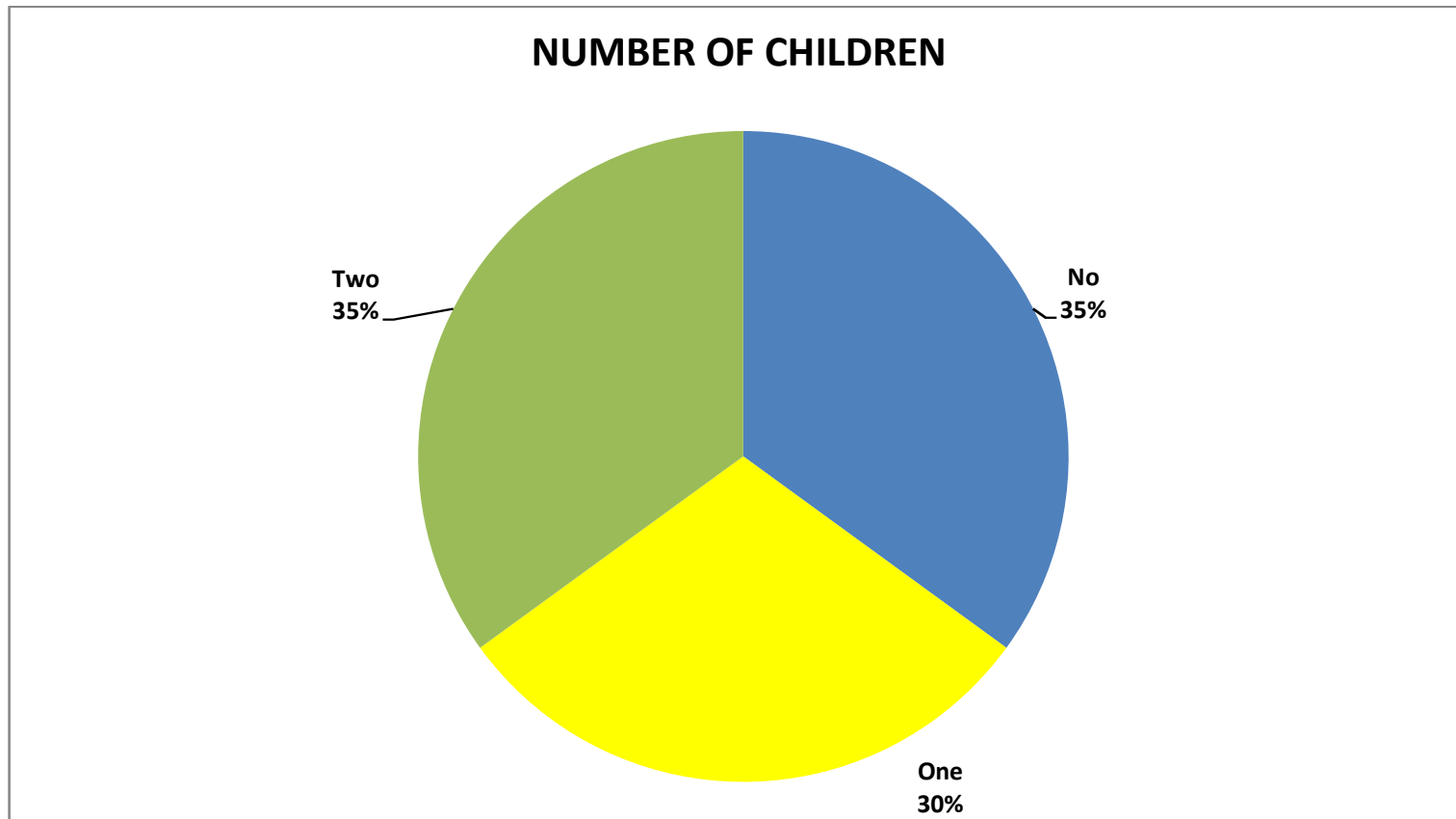


**Fig 4.6 Type of family system of ICU staff nurses**

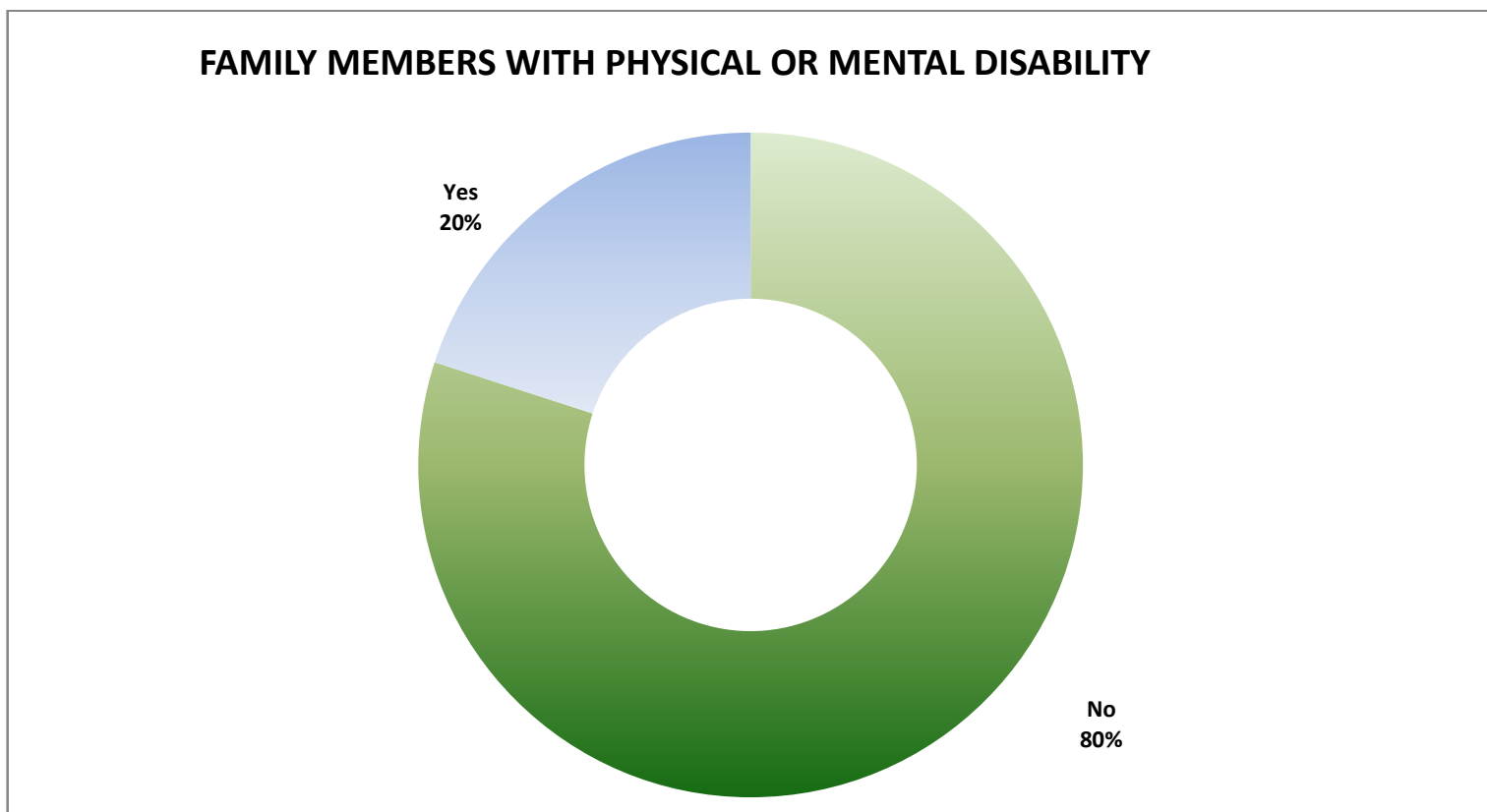
### **LIVING WITH SPOUSE**



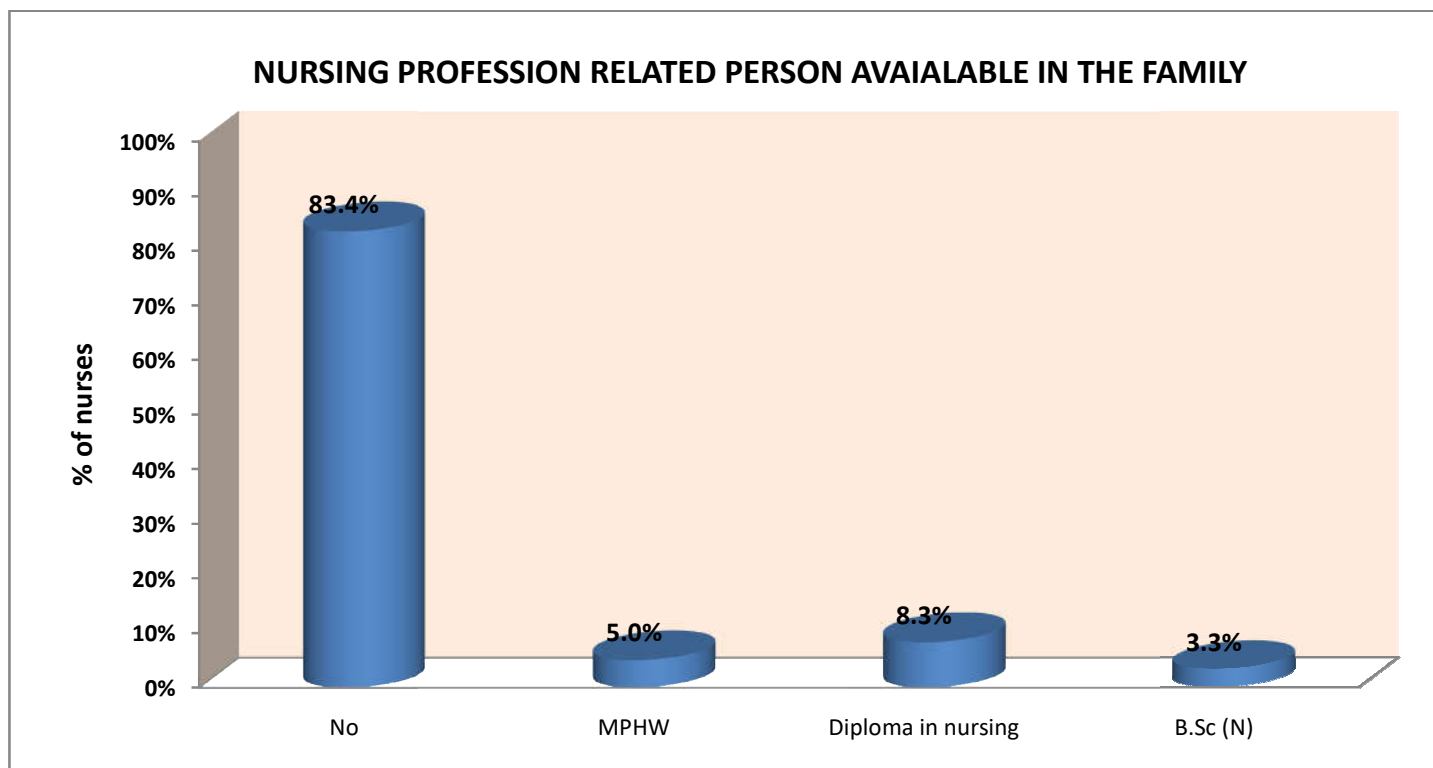
**Fig 4.7 Living with spouse**



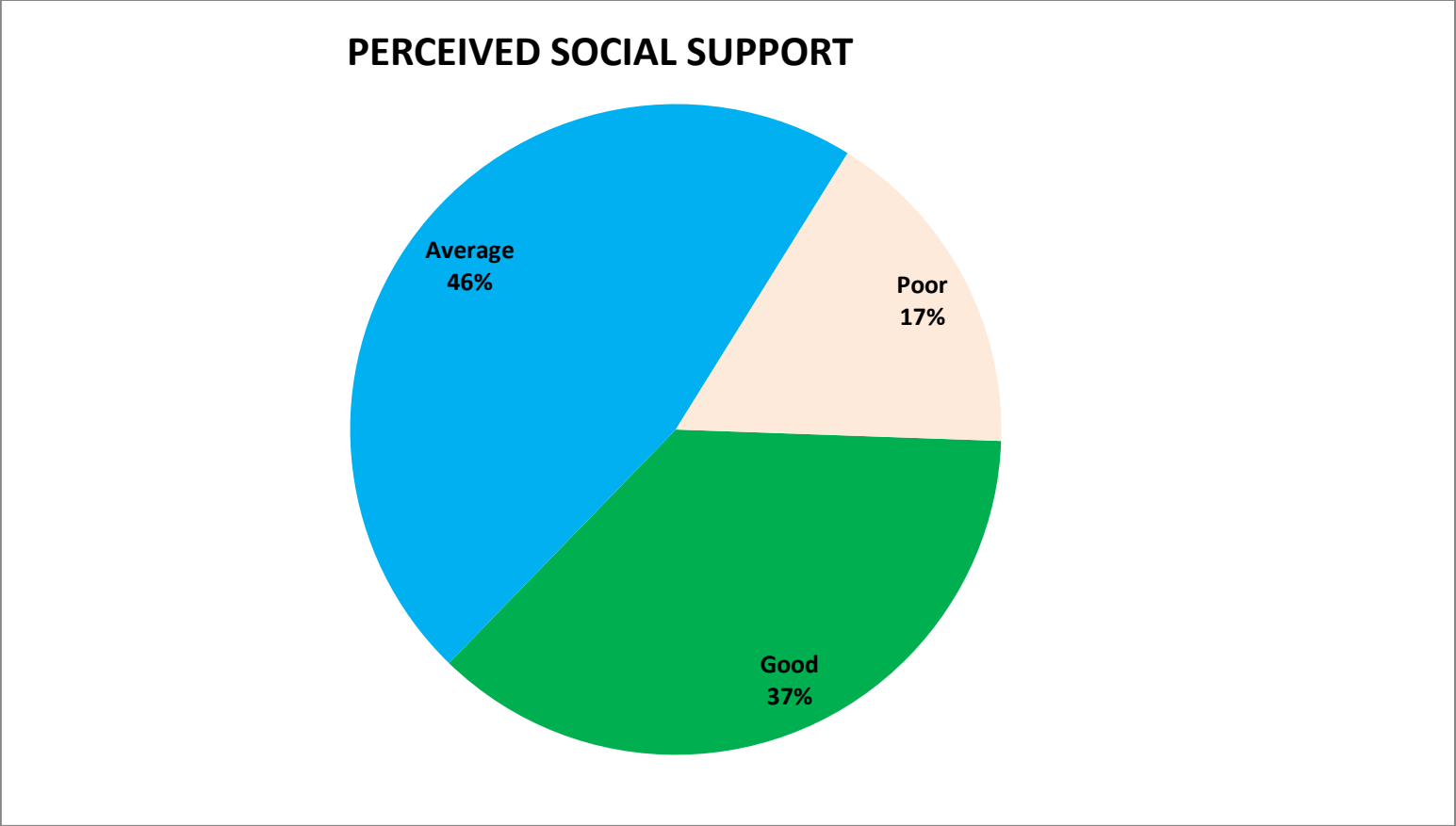
**Fig 4.8 Number of children of ICU staff nurses**



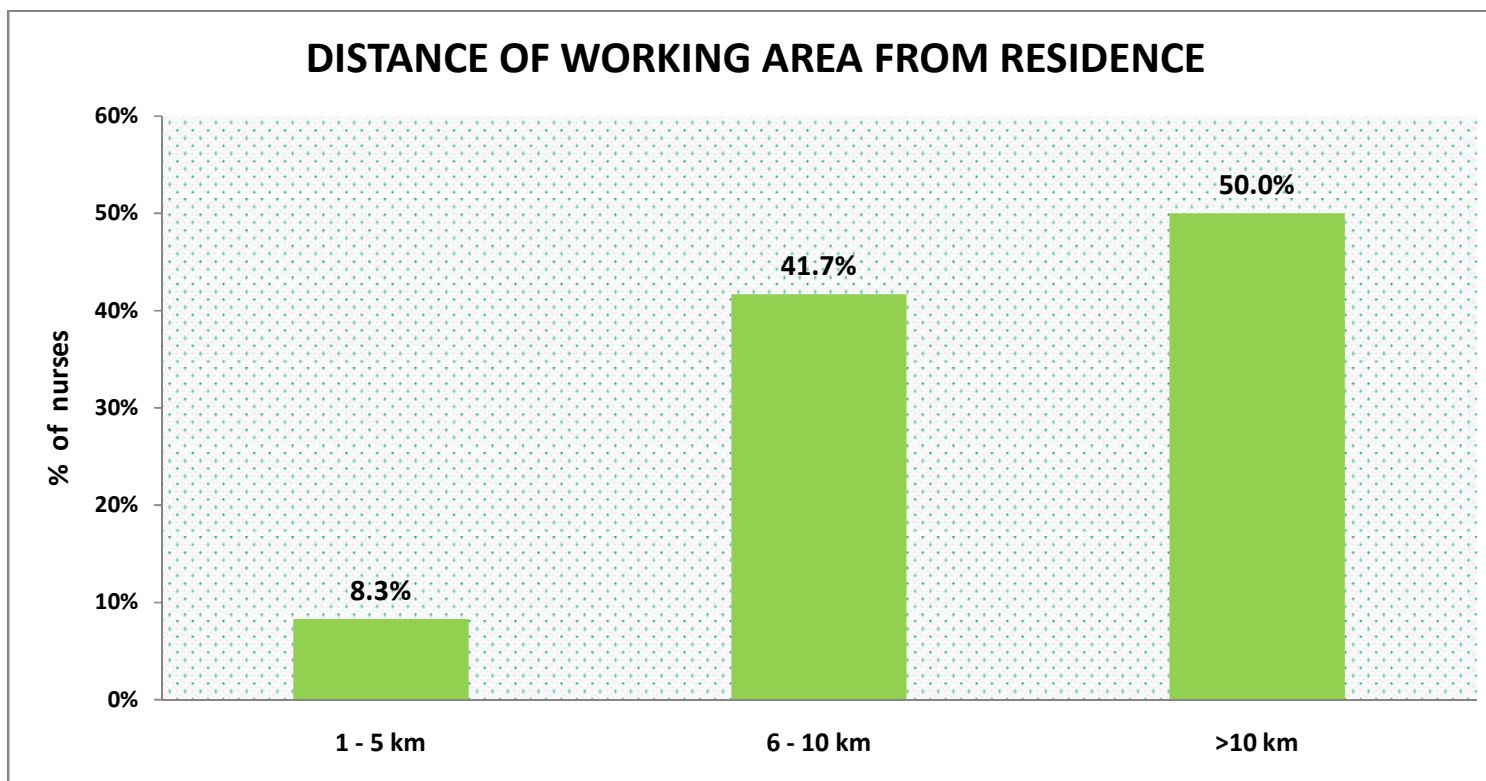
**Fig 4.9 Family members with physical or mental disability**



**Fig 4.10 Nursing profession related person available in the family**

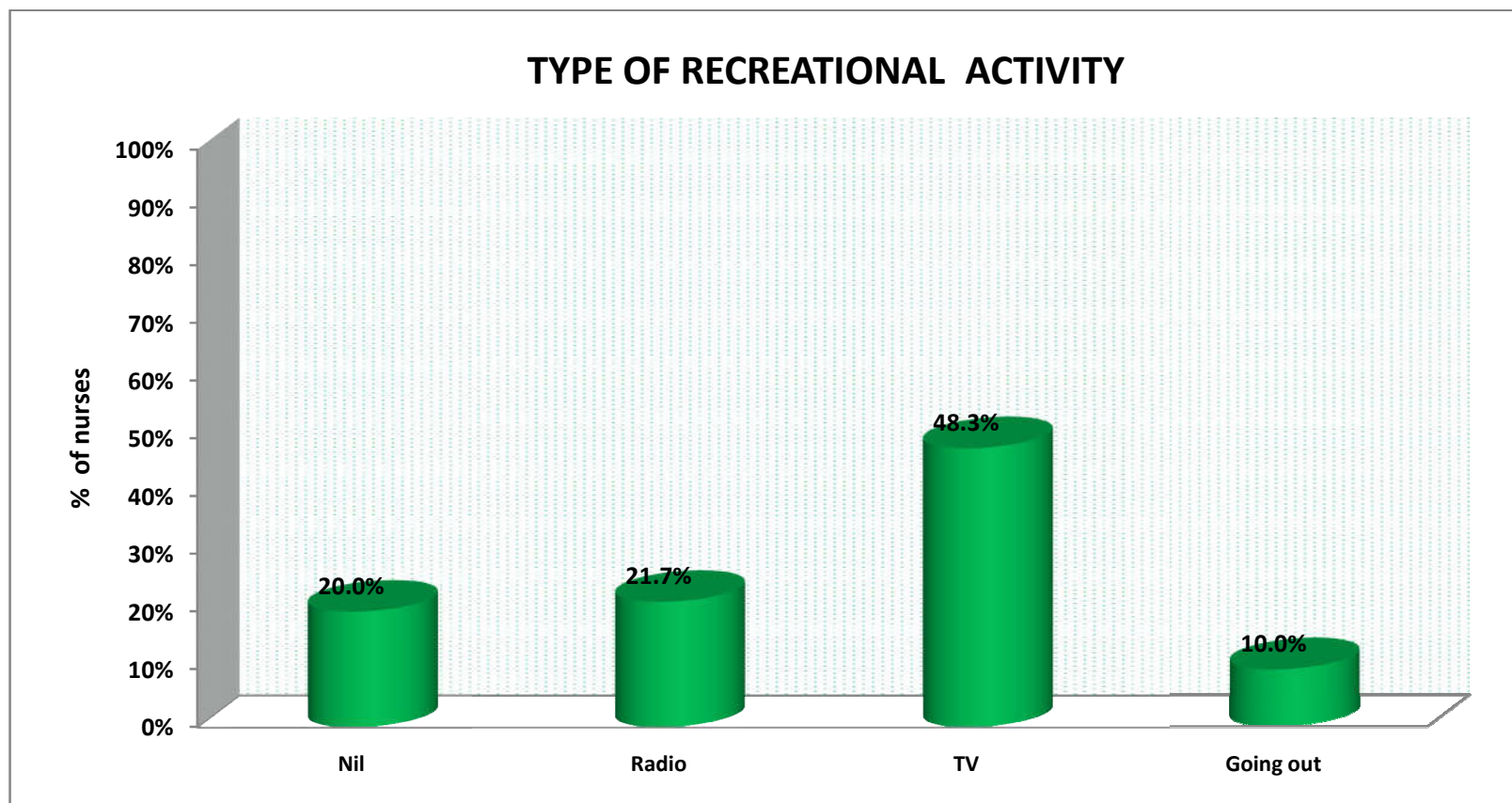


**Fig 4.11 perceived social support**

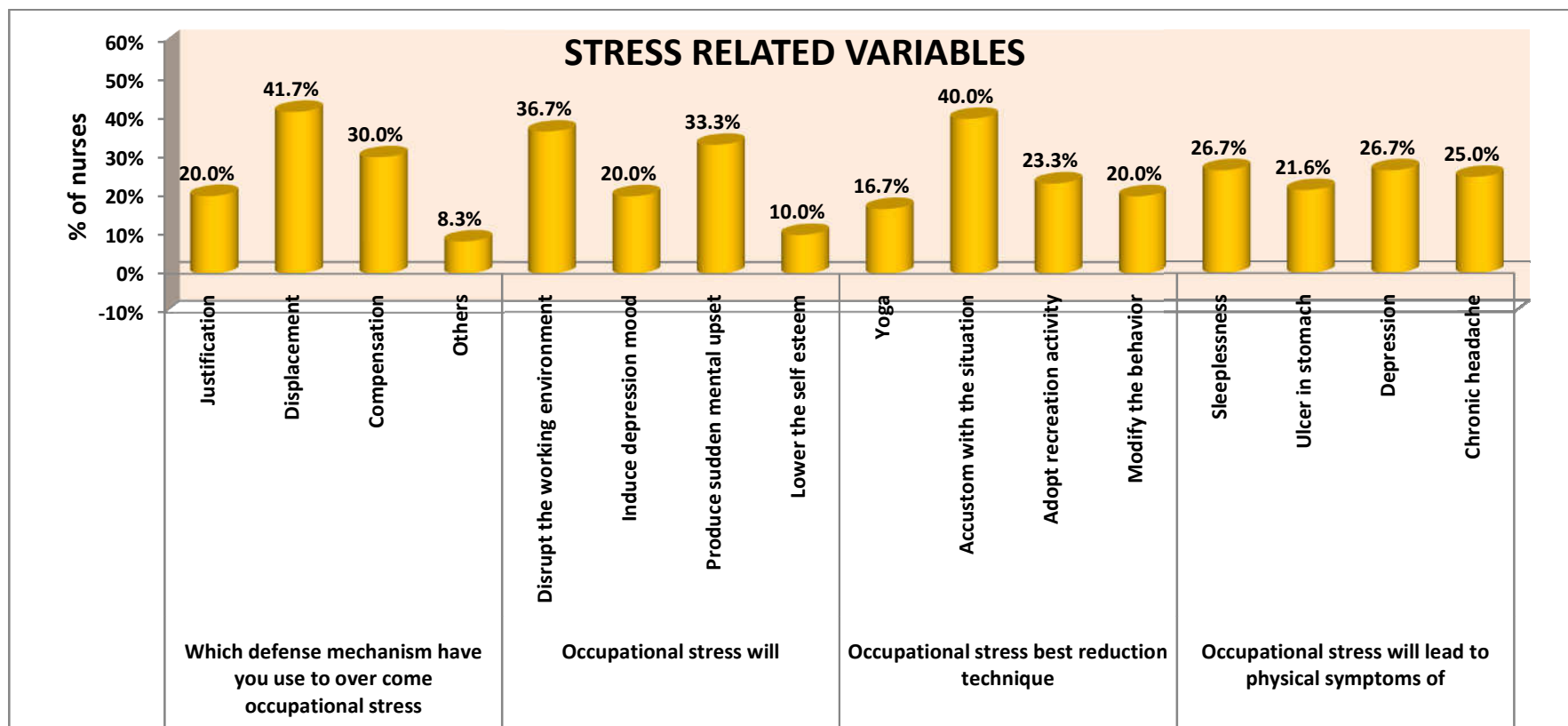


**Fig 4.12 Distance of working area from residence**





**Fig 4.13 Type of recreational activity of ICU staff nurses**



**Fig 4.14 knowledge of ICU Staff nurses regarding stress related variables**

**Section II: Pre test level of occupational stress among nurses working in ICU before education module.**

**Table 4.2: Each question wise pre test level of occupational stress score**

Sno	Questions	Never	Rarely	Sometimes	Often	Very often
		1	2	3	4	5
1	Conditions at work are unpleasant or sometimes even unsafe	4	19	29	5	3
2	I feel that my job is negatively affecting my physical or emotional well being	1	20	28	6	5
3	I have too much work to do and/or too many unreasonable deadlines	1	16	22	16	5
4	I find it difficult to express my opinions or feelings about my job conditions to my superiors	1	17	32	8	2
5	I feel that job pressures interfere with my family or personal life	3	15	31	8	3
6	I have adequate control or input over my work duties		23	27	6	4
7	I receive appropriate recognition or rewards for good performance	2	10	22	21	5
8	I am able to utilize my skills and talents to the fullest extent at work.	3	12	16	21	8

The above table 4.2 Shows each question wise pre test level of occupational stress among nurses working in intensive care units in RGGH, Chennai.

Table 4 3: Each question wise pre test percentage of occupational stress score

sno	Items	Maximum score	Mean score	SD	% of mean score
1	Conditions at work are unpleasant or sometimes even unsafe	5	2.73	.90	54.60%
2	I feel that my job is negatively affecting my physical or emotional well being	5	2.90	.92	58.00%
3	I have too much work to do and/or too many unreasonable deadlines	5	3.15	.94	63.00%
4	I find it difficult to express my opinions or feelings about my job conditions to my superiors	5	2.88	.78	57.60%
5	I feel that job pressures interfere with my family or personal life	5	2.90	.86	58.00%
6	I have adequate control or input over my work duties	5	2.85	.86	57.00%
7	I receive appropriate recognition or rewards for good performance	5	3.28	.92	65.60%
8	I am able to utilize my skills and talents to the fullest extent at work.	5	3.28	1.06	65.60%
	Total	40	23.98	3.56	59.95%

The above table 4.3 .shows the each question wise percentage of pre test level of occupational stress among nurses working in intensive care units”.

**Table 4.4: Pre test level of occupational stress**

Level of stress	No. of nurses	%
Very low stress	0	0.0%
Fairly low stress	7	16.7%
Moderate stress	37	55.0%
Severe stress	16	28.3%
Dangerous stress	0	0.0%
Total	60	100%

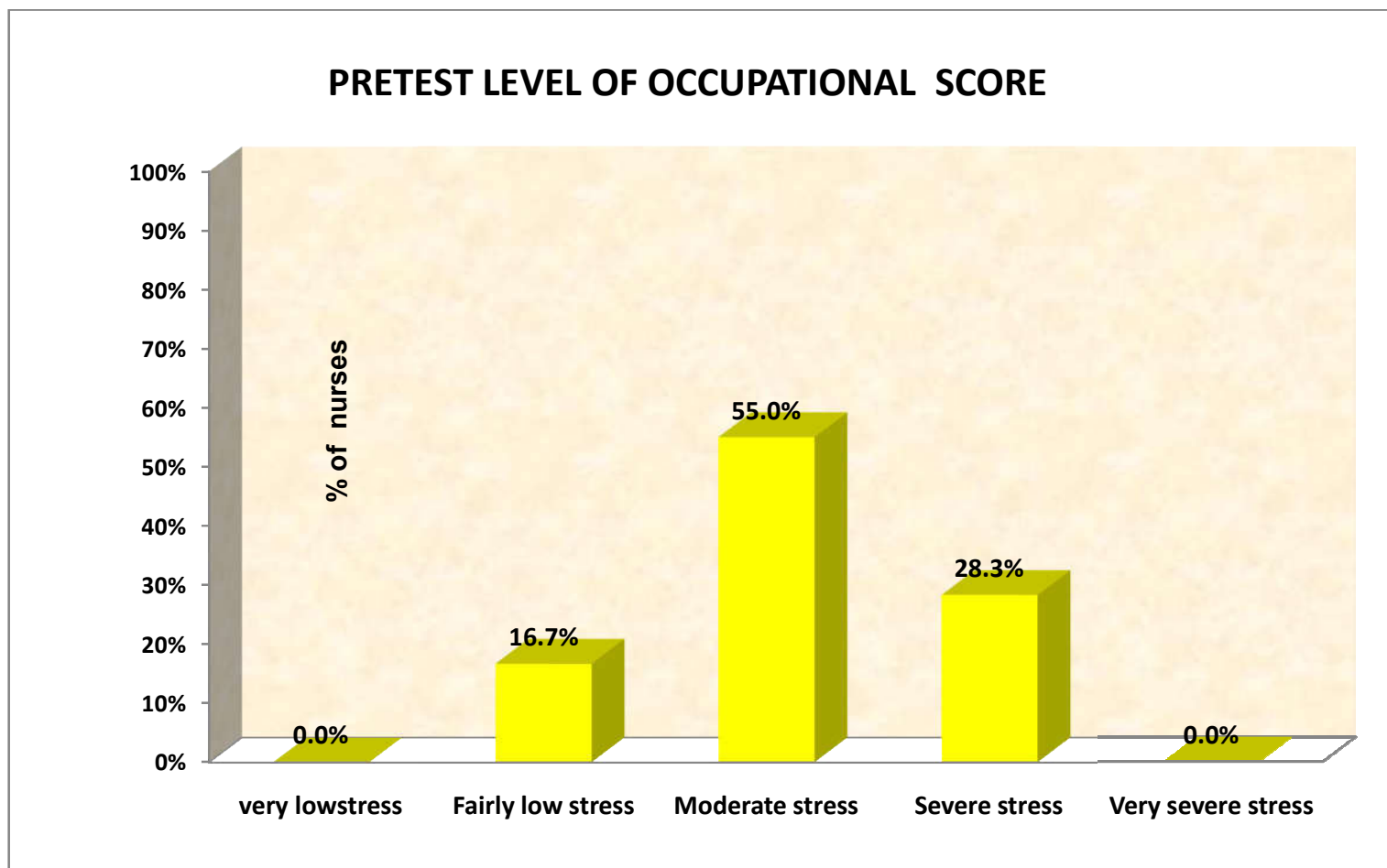
The above table 4.4 shows the pre test level of stress score among staff nurses working in intensive care unit .In general , none of the nurses are having no stress score, 16.7% are having fairly low level stress score ,55.0% of them having moderate level of stress score and 28.3.0%of them are having severe level of stress score and none of them are having very severe stress score.

**Stress score interpretation:**

**1 – Never    2-Rarely    3 – Sometimes    4 – Often    5 - Very often**

**Min=1 Max=5 Total questions=8Maximum marks= 40**

S no.	Grade	Score
1.	Very low stress	0 – 15
2.	Fairly low stress	16 – 20
3.	Moderate stress	21 – 25
4	Severe stress	26 -30
5	Dangerous stress	31 -40



**Fig 4.15 Pre-test level of occupational score of staff nurses**

**Section III: Post test level of occupational stress among nurses working in ICU after education module.**

**Table 4.5: Each question wise post test level of occupational stress score**

Sno	Questions	Never	Rarely	Sometimes	Often	Very often
		1	2	3	4	5
1	Conditions at work are unpleasant or sometimes even unsafe	10	36	14	0	0
2	I feel that my job is negatively affecting my physical or emotional well being	5	39	16	0	0
3	I have too much work to do and/or too many unreasonable deadlines	12	34	13	1	0
4	I find it difficult to express my opinions or feelings about my job conditions to my superiors	14	34	11	1	0
5	I feel that job pressures interfere with my family or personal life	15	33	11	1	0
6	I have adequate control or input over my work duties	11	35	12	2	0
7	I receive appropriate recognition or rewards for good performance	7	36	16	1	0
8	I am able to utilize my skills and talents to the fullest extent at work.	12	28	17	3	0

The above table 4.5 each question wise post test level of occupational stress among nurses working in intensive care units.

Table 4.6: Each question wise post test percentage of occupational stress score

Sno	Items	Maximum score	Mean score	SD	% of mean score
1	Conditions at work are unpleasant or sometimes even unsafe	5	2.07	.63	41.40%
2	I feel that my job is negatively affecting my physical or emotional well being	5	2.18	.57	43.60%
3	I have too much work to do and/or too many unreasonable deadlines	5	2.05	.70	41.00%
4	I find it difficult to express my opinions or feelings about my job conditions to my superiors	5	1.98	.70	39.60%
5	I feel that job pressures interfere with my family or personal life	5	1.97	.71	39.40%
6	I have adequate control or input over my work duties	5	2.08	.72	41.60%
7	I receive appropriate recognition or rewards for good performance	5	2.18	.65	43.60%
8	I am able to utilize my skills and talents to the fullest extent at work.	5	2.22	.88	44.40%
	Total	40	16.73	2.82	41.83%

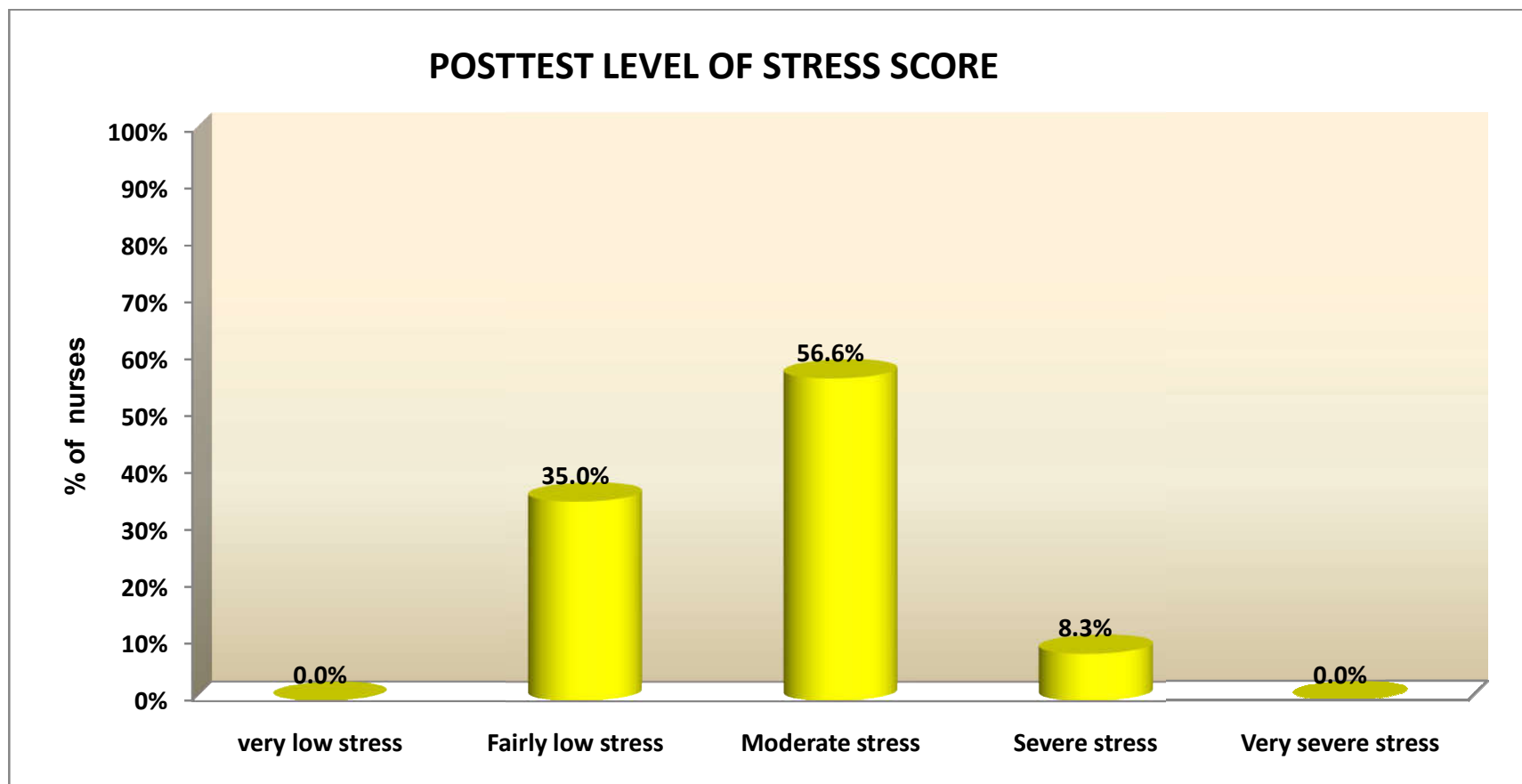
The above table 4.6 shows the each question wise percentage of post test level of occupational stress among nurses working in intensive care units”.



**Table 4.7: Post test level of occupational stress**

<b>Level of stress</b>	<b>No. of nurses</b>	<b>%</b>
Very low stress	0	0.0%
Fairly low stress	21	35.0%
“Moderate stress	34	56.6%
Severe stress	5	8.3%
Dangerous stress	0	0.0%
Total	60	100%

The above table 4.7 shows the post-test level of stress score among staff nurses working in intensive care unit. In general , none of the nurses are having no stress score, 35.0% are having fairly low level stress score ,56.6% of them having moderate level of stress score and 8.3%of them are having severe level of stress score and none of them are having very severe stress score.



**Fig 4.16 Post-test level of stress score among staff nurses**

#### Section IV: Assess the effectiveness of education module

**Table 4.8: Comparison of pre test and post test stress score among ICU staff nurses.**

	Stress on	Pretest		Posttest		Mean Difference	Student's paired t-test
		Mean	SD	Mean	SD		
1	Conditions at work are unpleasant or sometimes even unsafe	2.73	.90	2.07	.63	0.66	t=4.39P=0.001 *** DF= 59 , Significant
2	I feel that my job is negatively affecting my physical or emotional well being	2.90	.92	2.18	.57	0.72	t=5.24 P=0.001 *** DF= 59 , Significant
3	I have too much work to do and/or too many unreasonable deadlines	3.15	.94	2.05	.70	1.10	t=7.43 P=0.001 *** DF= 59 , Significant
4	I find it difficult to express my opinions or feelings about my job conditions to my superiors	2.88	.78	1.98	.70	0.90	t=6.83 P=0.001 *** DF= 59 , Significant
5	I feel that job pressures interfere with my family or personal life	2.90	.86	1.97	.71	0.93	t=6.74P=0.001 *** DF= 59 , Significant
6	I have adequate control or input over my work duties	2.85	.86	2.08	.72	0.77	t=5.07 P=0.001 *** DF= 59 , Significant
7	I receive appropriate recognition or rewards for good performance	3.28	.92	2.18	.65	1.10	t=8.09 P=0.001 *** DF= 59 , Significant
8	I am able to utilize my skills and talents to the fullest extent at work.	3.28	1.06	2.22	.88	1.06	t=6.23 P=0.001 *** DF= 59 , Significant

\*\*\* Very high significant at  $P \leq 0.001$

The above table 4.8 Shows the comparison of pretest and posttest stress score of staff nurses working in intensive care unit RGGH, Chennai.

Considering Stress regarding “Conditions at work are unpleasant or sometimes even unsafe“, in pretest, nurses are having 2.73 score whereas in posttest they are having

2.07 score. Difference is 0.66. This difference is large and it is statistically significant difference.

Considering stress regarding “I feel that my job is negatively affecting my physical or emotional well being”, in pretest , nurses are having 2.90 score whereas in posttest they are having 2.18 score. Difference is 0.72. This difference is large and it is statistically significant difference.

Considering stress regarding “I have too much work to do and/or too many unreasonable deadlines”, in pretest, nurses are having 3.15 score whereas in posttest they are having 2.05score. Difference is 1.10. This difference is large and it is statistically significant difference.

Considering stress regarding “I find it difficult to express my opinions or feelings about my job conditions to my superiors”, in pre test, nurses are having 2.88 score whereas in posttest they are having 1.98 score. Difference is 0.90. This difference is large and it is statistically significant difference.

Considering stress regarding, “I feel that job pressures interfere with my family or personal life” in pretest, nurses are having 2.90 score whereas in posttest they are having 1.97 score. Difference is 0.93. This difference is large and it is statistically significant difference.

Considering stress regarding, “I have adequate control or input over my work duties, in pretest, nurses are having 2.85 score whereas in posttest they are having 2.08 score. Difference is 0.77. This difference is large and it is statistically significant difference.

Considering stress regarding,”I receive appropriate recognition or rewards for good performance” in pretest, nurses are having 3.28 score whereas in posttest they are having 2.18 score. Difference is 1.10. This difference is large and it is statistically significant difference.

Considering stress regarding “I am able to utilize my skills and talents to the fullest extent at work, in pretest, nurses are having 3.28 score whereas in posttest they are having 2.22score. Difference is 1.06. This difference is large and it is statistically significant difference.

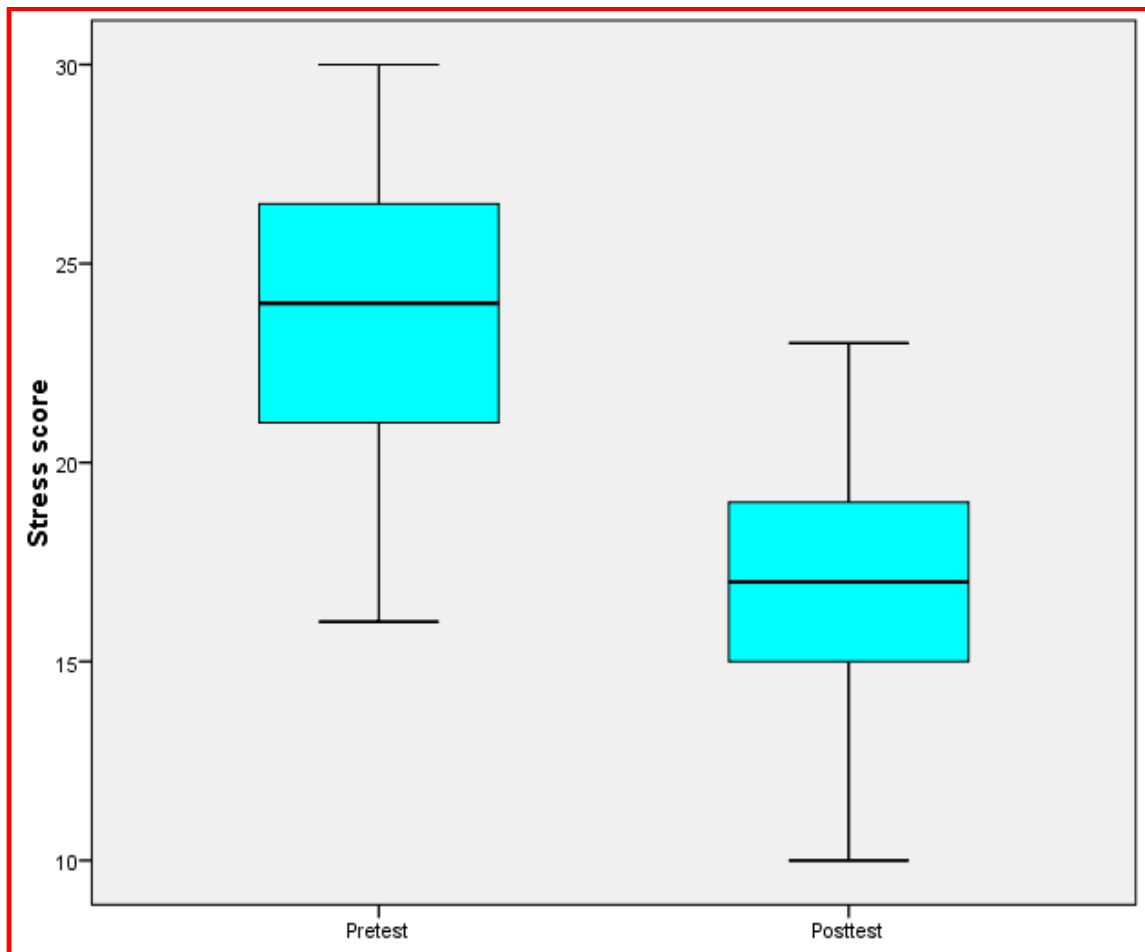
Significance of difference between pretest and posttest score was calculated using student paired t-test.

**Table 4.9: Comparison of overall stress score before and after education module**

	No. of <i>nurses</i>	Pretest Mean±SD	Posttest Mean±SD	Mean difference Mean±SD	Student's paired t-test
Overall Stress Score	60	23.98 ± 3.56	16.73 ± 2.82	7.25 ± 4.27	t=13.14 P=0.001***  DF = 59, significant

\*\*\* Very high significant at  $P \leq 0.001$

The above table 4.9 explore the comparison of overall stress before and after the administration of psycho education module. On an average, nurses are reduced their stress from 23.98 to 16.73 after the administration of education module. Difference is 7.25, this difference is statistically significant. Statistical significance was calculated by using student's paired 't'test.



**Fig 4.17: Box Plot compares the nurses pretest and posttest occupational stress score**

**Table 4.10: Each question wise pre-test and post-test percentage of stress**

	<b>Domains</b>	<b>Pre-test stress</b>	<b>Post-test stress</b>	<b>% of stress reduction score</b>
1	Conditions at work are unpleasant or sometimes even unsafe	54.60%	41.40%	13.20%
2	I feel that my job is negatively affecting my physical or emotional well being	58.00%	43.60%	14.40%
3	I have too much work to do and/or too many unreasonable deadlines	63.00%	41.00%	22.00%
4	I find it difficult to express my opinions or feelings about my job conditions to my superiors	57.60%	39.60%	18.00%
5	I feel that job pressures interfere with my family or personal life	58.00%	39.40%	18.60%
6	I have adequate control or input over my work duties	57.00%	41.60%	15.40%
7	I receive appropriate recognition or rewards for good performance	65.60%	43.60%	22.00%
8	I am able to utilize my skills and talents to the fullest extent at work.	65.60%	44.40%	21.20%
	Overall	59.95%	41.83%	18.12%

The above table 4.10 shows each question wise stress reduction score among nurses before and after having psycho education module.

**Table 4.11: Comparison of pre-test and post-test level of stress score**

Level of stress	Pretest		Posttest		Generalized McNemar's test
	n	%	n	%	
Very low stress	0	0.0%	0	0.0%	$\chi^2=9.45$ <b>P=0.01**(S)</b>
Fairly low stress	10	16.7%	21	35.0%	
Moderate stress	37	55.0%	34	56.6%	
Severe stress	16	28.3%	5	8.3%	
Dangerous stress	0	0.0%	0	0.0%	
Total	60	100.0%	60	100.0%	

\*\*\*significant at  $p < 0.001$  level

The above table 4.11 shows the pretest and post-test level of stress score among nurses.

Before education module, none of the nurses are having no stress score, 16.7% are having fairly low level stress score, 55.0% of them having moderate level of stress score and 28.3.0% of them are having severe level of stress score and none of them are having very severe stress score.

After education module, none of the nurses are having no stress score, 35.0% are having fairly low level stress score, 56.6% of them having moderate level of stress score and 8.3% of them are having severe level of stress score and none of them are having very severe stress score.

Level of stress reduction score between pretest and posttest was calculated using Generalised McNemar's chisquare test.

**Table 4.12: Effectiveness and generalization of education module**

	<b>Max score</b>	<b>Mean score</b>	<b>Mean stress reduction score with 95% Confidence interval</b>	<b>Percentage of stress reduction score with 95% Confidence interval</b>
Pretest	40	23.98	7.25(6.14 – 8.35)	18.12 %( 15.35% – 20.87%)
Posttest	40	16.73		

The above table 4.12 shows the effectiveness of education module in reducing stress among nurses working in intensive care units at RGGGH at Chennai.

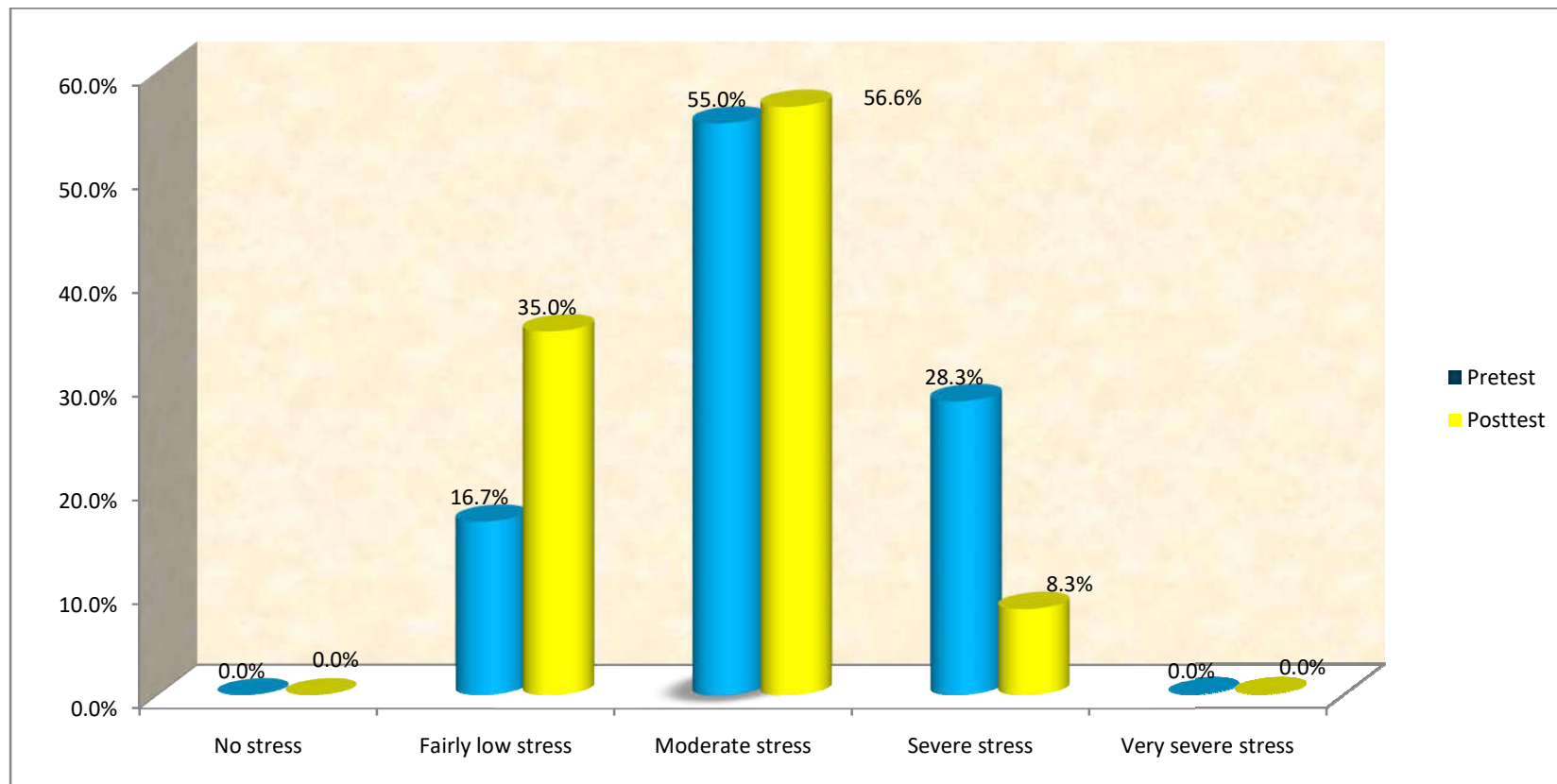
On an average, in post-test after having education module, nurses are reduced 18.12% stress score than pre-test score.

Differences and generalization of stress reduction score between pretest and posttest score was calculated using and mean difference with 95% CI and proportion with 95% CI.

**In this study effectiveness of the study is point estimate of 18.12% and interval estimate is 15.35% to 20.87%. It means in this similar setup of the study, whom ever conducted , 95 % we can assure , effectiveness of the study will lies between 15.35% to 20.87% stress score reduction .**







**Fig 4.18 Pre test and post test level of stress score among ICU staff nurses**

**Section V: Association between post test level of occupational stress and selected demographic variables.**

**Table 4. 13: Association between pre test level of stress and ICU nurses demographic variables**

Demographic variables		Pre test level of stress score						n	Chi square test
		Fairly low		Moderate		Severe			
		n	%	n	%	n	%		
Age	21-30 years	4	19.0%	12	57.1%	5	23.8%	21	$\chi^2=0.47$ P=0.97 (NS)
	31-40 years	4	14.8%	15	55.6%	8	29.6%	27	
	41-50 years	2	16.7%	6	50.0%	4	33.3%	12	
	51-60 years	0	0.0%	0	0.0%	0	0.0%	0	
Sex	Male	0	0.0%	3	100.0%	0	0.0%	3	$\chi^2=2.58$ P=0.27 (NS)
	Female	10	17.5%	30	52.6%	17	29.8%	57	
Marital status	Married	8	16.3%	27	55.1%	14	28.6%	49	$\chi^2=5.32$ P=0.26 (NS)
	Unmarried	1	10.0%	6	60.0%	3	30.0%	10	
	Widow	1	100.0%	0	0.0%	0	0.0%	1	
	Others	0	0.0%	0	0.0%	0	0.0%	0	
Professional qualification	DGNM	7	15.6%	25	55.6%	13	28.9%	45	$\chi^2=1.24$ P=0.87 (NS)
	B.Sc (N)	0	0.0%	2	66.7%	1	33.3%	3	
	PBBS.c (N)	3	25.0%	6	50.0%	3	25.0%	12	
	M.Sc (N)	0	0.0%	0	0.0%	0	0.0%	0	
Years of experience	1-10 yrs	5	14.3%	19	54.3%	11	31.4%	35	$\chi^2=3.94$ P=0.68 (NS)
	11-20 yrs	3	17.6%	9	52.9%	5	29.4%	17	
	21-30 yrs	2	40.0%	3	60.0%	0	0.0%	5	
	> 30 yrs	0	0.0%	2	66.7%	1	33.3%	3	
Type of Family	Nuclear family	5	12.2%	23	56.1%	13	31.7%	41	$\chi^2=4.29$ P=0.26 (NS)
	Joint family	5	29.4%	8	47.1%	4	23.5%	17	
	Extended family	0	0.0%	2	100.0%	0	0.0%	2	
Living with spouse	Yes	8	16.3%	27	55.1%	14	28.6%	49	$\chi^2=0.02$ P=0.98 (NS)
	No	2	18.2%	6	54.5%	3	27.3%	11	

Number of children	No	1	4.8%	12	57.1%	8	38.1%	21	$\chi^2=5.01$ P=0.28 (NS)
	One	3	16.7%	11	61.1%	4	22.2%	18	
	Two	6	28.6%	10	47.6%	5	23.8%	21	
	>Two	0	0.0%	0	0.0%	0	0.0%	0	
Is there any family members with physical or mental disability or any other major illness	No	8	16.7%	27	56.3%	13	27.1%	48	$\chi^2=0.20$ P=0.90 (NS)
	Yes	2	16.7%	6	50.0%	4	33.3%	12	
Nursing profession related person available in the family	No	7	14.0%	27	54.0%	16	32.0%	50	$\chi^2=7.88$ P=0.25 (NS)
	MPHW	2	66.7%	1	33.3%	0	0.0%	3	
	Diploma in nursing	1	20.0%	3	60.0%	1	20.0%	5	
	B.Sc (N)	0	0.0%	2	100.0%	0	0.0%	2	
Perceived social support	Good	3	13.6%	15	68.2%	4	18.2%	22	$\chi^2=8.91$ P=0.06 (NS)
	Average	7	25.0%	10	35.7%	11	39.3%	28	
	Poor	0	0.0%	8	80.0%	2	20.0%	10	
Distance (km) of working area from residence	1 - 5 km	1	20.0%	2	40.0%	2	40.0%	5	$\chi^2=0.53$ P=0.97 (NS)
	6 - 10 km	4	16.0%	14	56.0%	7	28.0%	25	
	>10 km	5	16.7%	17	56.7%	8	26.7%	30	
Type of recreational activity	Nil	0	16.7%	10	83.3%	2	16.7%	12	$\chi^2=10.12$ P=0.12(NS)
	Radio	2	15.4%	4	30.8%	7	53.8%	13	
	TV	2	6.9%	17	58.6%	10	34.5%	29	
	Going out	2	33.3%	2	33.3%	2	33.4%	6	
Which defense mechanism have you use to overcome occupational stress	Justification	1	8.3%	7	58.3%	4	33.3%	12	$\chi^2=3.35$ P=0.76 (NS)
	Displacement	6	24.0%	14	56.0%	5	20.0%	25	
	Compensation	2	11.1%	9	50.0%	7	38.9%	18	
	Others	1	20.0%	3	60.0%	1	20.0%	5	

Occupational stress will	Disrupt the working environment	2	9.1%	12	54.5%	8	36.4%	22	$\chi^2=6.32$ P=0.38 (NS)
	Induce depression mood	4	33.3%	5	41.7%	3	25.0%	12	
	Produce sudden mental upset	3	15.0%	11	55.0%	6	30.0%	20	
	Lower the self esteem	1	16.7%	5	83.3%	0	0.0%	6	
Occupational stress best reduction technique	Yoga	1	10.0%	5	50.0%	4	40.0%	10	$\chi^2=7.04$ P=0.32 (NS)
	Accustom with the situation	3	12.5%	14	58.3%	7	29.2%	24	
	Adopt recreation activity	5	35.7%	5	35.7%	4	28.6%	14	
	Modify the behavior	1	8.3%	9	75.0%	2	16.7%	12	
Occupational stress will lead to physical symptoms of	Sleeplessness	3	18.8%	8	50.0%	5	31.3%	16	$\chi^2=1.20$ P=0.97 (NS)
	Ulcer in stomach	2	15.4%	7	53.8%	4	30.8%	13	
	Depression	3	18.8%	8	50.0%	5	31.3%	16	
	Chronic headache	2	13.3%	10	66.7%	3	20.0%	15	

The above table 4.13 shows the association between pretest level of stress and their demographic variables. None of the demographic variables are significantly associated with their pre test level of stress score. Statistical significance was calculated using chi square test.

**Table 4.14: Association between post test level of stress and ICU nurses demographic variables**

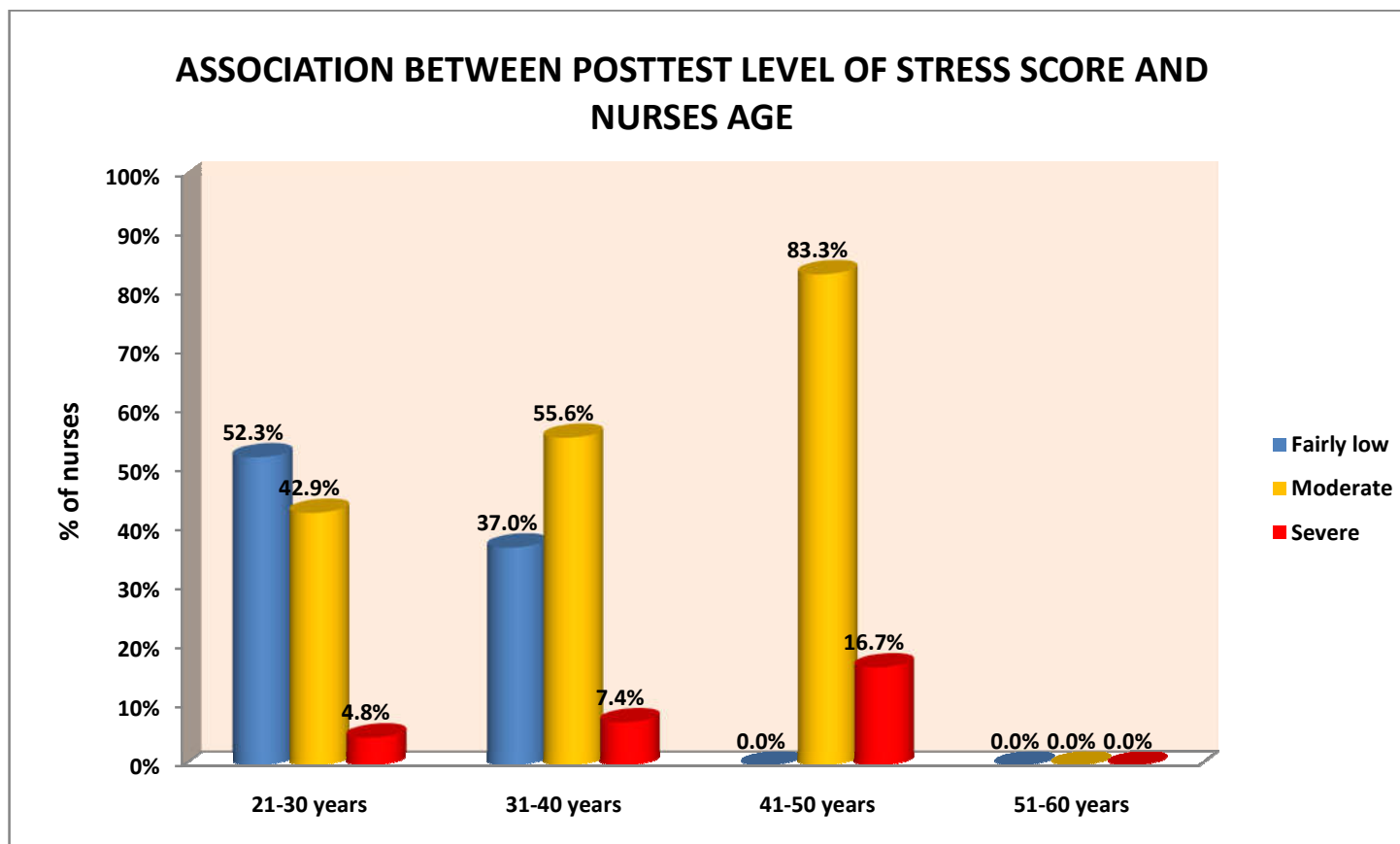
Demographic variables		Posttest level of stress score						n	Chi square test
		Fairly low		Moderate		Severe			
		n	%	n	%	n	%		
Age	21-30 years	11	52.3%	9	42.9%	1	4.8%	21	$\chi^2=9.61$ $P=0.05^*$ (S)
	31-40 years	10	37.0%	15	55.6%	2	7.4%	27	
	41-50 years	0	0.0%	10	83.3%	2	16.7%	12	
	51-60 years	0	0.0%	0	0.0%	0	0.0%	0	
Sex	Male	0	0.0%	3	100.0%	0	0.0%	3	$\chi^2=2.41$ $P=0.29$ (NS)
	Female	21	36.8%	31	54.4%	5	8.8%	57	
Marital status	Married	18	36.7%	27	55.1%	4	8.2%	49	$\chi^2=2.91$ $P=0.57$ (NS)
	Unmarried	2	20.0%	7	70.0%	1	10.0%	10	
	Widow	1	100.0%	0	0.0%	0	0.0%	1	
	Others	0	0.0%	0	0.0%	0	0.0%	0	
Professional qualification	DGNM	17	37.8%	23	51.1%	5	11.1%	45	$\chi^2=5.81$ $P=0.21$ (NS)
	B.Sc (N)	2	66.7%	1	33.3%	0	0.0%	3	
	PBBS.c (N)	2	16.7%	10	83.3%	0	0.0%	12	
	M.Sc (N)	0	0.0%	0	0.0%	0	0.0%	0	
Years of experience	1-10 yrs	17	48.5%	18	51.5%	0	0.0%	35	$\chi^2=21.91$ $P=0.01^{**}$ (S)
	11-20 yrs	4	23.5%	12	70.6%	1	5.9%	17	
	21-30 yrs	0	0.0%	3	60.0%	2	40.0%	5	
	> 30 yrs	0	0.0%	1	33.3%	2	66.7%	3	
Type of Family	Nuclear family	11	26.8%	27	65.9%	3	7.3%	41	$\chi^2=10.57$ $P=0.03^*$ (S)
	Joint family	10	58.8%	6	35.3%	1	5.9%	17	
	Extended family	0	0.0%	1	50.0%	1	50.0%	2	
Living with spouse	Yes	20	40.8%	25	51.0%	4	8.2%	49	$\chi^2=4.09$ $P=0.12$ (NS)
	No	1	9.1%	9	81.8%	1	9.1%	11	

Number of children	No	5	23.8%	13	61.9%	3	14.3%	21	$\chi^2=3.57$ P=0.46 (NS)
	One	6	33.3%	11	61.1%	1	5.6%	18	
	Two	10	47.6%	10	47.6%	1	4.8%	21	
	>Two	0	0.0%	0	0.0%	0	0.0%	0	
Is there any family members with physical or mental disability or any other major illness	No	19	39.6%	26	54.2%	3	6.3%	48	$\chi^2=2.95$ P=0.22 (NS)
	Yes	2	16.7%	8	66.7%	2	16.7%	12	
Nursing profession related person available in the family	No	17	34.0%	28	56.0%	5	10.0%	50	$\chi^2=3.57$ P=0.73 (NS)
	MPHW	1	33.3%	2	66.7%	0	0.0%	3	
	Diploma in nursing	3	60.0%	2	40.0%	0	0.0%	5	
	B.Sc (N)	0	0.0%	2	100.0%	0	0.0%	2	
Perceived social support	Good	9	40.9%	12	54.5%	1	4.5%	22	$\chi^2=3.13$ P=0.53 (NS)
	Average	9	32.1%	15	53.6%	4	14.3%	28	
	Poor	3	30.0%	7	70.0%	0	0.0%	10	
Distance (km) of working area from residence	1 - 5 km	3	60.0%	2	40.0%	0	0.0%	5	$\chi^2=3.57$ P=0.47 (NS)
	6 - 10 km	6	24.0%	17	68.0%	2	8.0%	25	
	>10 km	12	40.0%	15	50.0%	3	10.0%	30	
Type of recreational activity	Nil	4	33.3%	6	50.0%	2	16.7%	12	$\chi^2=22.45$ P=0.001 (S)
	Radio	8	61.5%	5	38.5%	0	0.0%	13	
	TV	5	17.2%	22	75.9%	2	6.9%	29	
	Going out	4	66.7%	1	16.7%	1	16.7%	6	
Which defense mechanism have you use to over come occupational stress	Justification	6	50.0%	4	33.3%	2	16.7%	12	$\chi^2=7.70$ P=0.26 (NS)
	Displacement	6	24.0%	18	72.0%	1	4.0%	25	
	Compensation	8	44.4%	8	44.4%	2	11.1%	18	
	Others	1	20.0%	4	80.0%	0	0.0%	5	

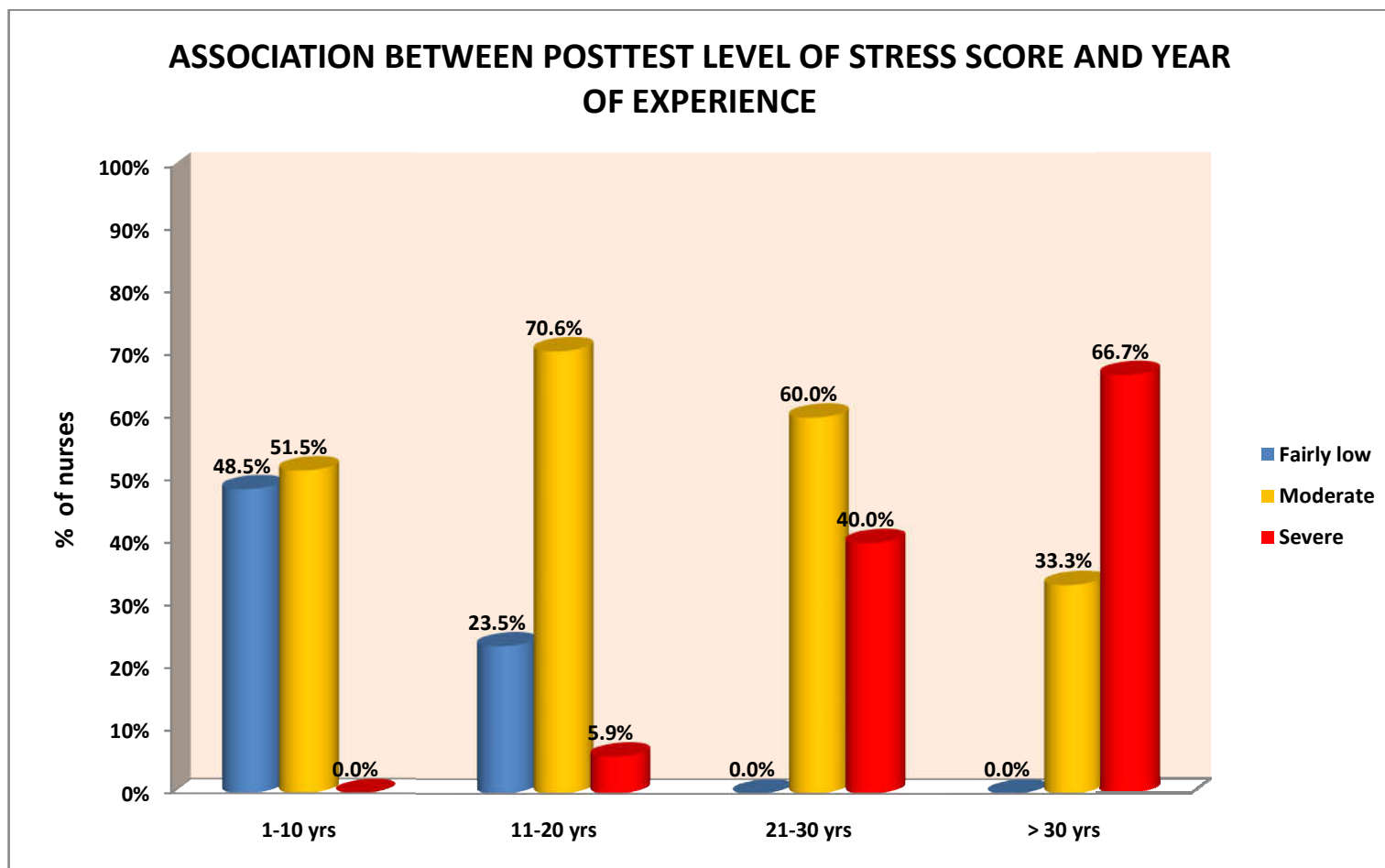
Occupational stress will	Disrupt the working environment	9	40.9%	12	54.5%	1	4.5%	22	$\chi^2=2.65$ P=0.85 (NS)
	Induce depression mood	3	25.0%	7	58.3%	2	16.7%	12	
	Produce sudden mental upset	7	35.0%	11	55.0%	2	10.0%	20	
	Lower the self esteem	2	33.3%	4	66.7%	0	0.0%	6	
Occupational stress best reduction technique	Yoga	3	30.0%	5	50.0%	2	20.0%	10	$\chi^2=4.88$ P=0.55 (NS)
	Accustom with the situation	9	37.5%	14	58.3%	1	4.2%	24	
	Adopt recreation activity	3	21.4%	10	71.4%	1	7.1%	14	
	Modify the behavior	6	50.0%	5	41.7%	1	8.3%	12	
Occupational stress will lead to physical symptoms of	Sleeplessness	8	50.0%	8	50.0%	0	0.0%	16	$\chi^2=13.03$ P=0.05* (S)
	Ulcer in stomach	2	15.4%	8	61.5%	3	23.1%	13	
	Depression	2	12.5%	12	75.0%	2	12.5%	16	
	Chronic headache	9	60.0%	6	40.0%	0	0.0%	15	

The above table 4.14 shows the association between posttest level of stress and nurses demographic variables. Younger nurses, joint family nurses, going out recreational activity nurses, less duration of experience nurses and occupation stress lead to chronic headache nurses are reduced more stress score than others Statistical significance was calculated using chi square test.

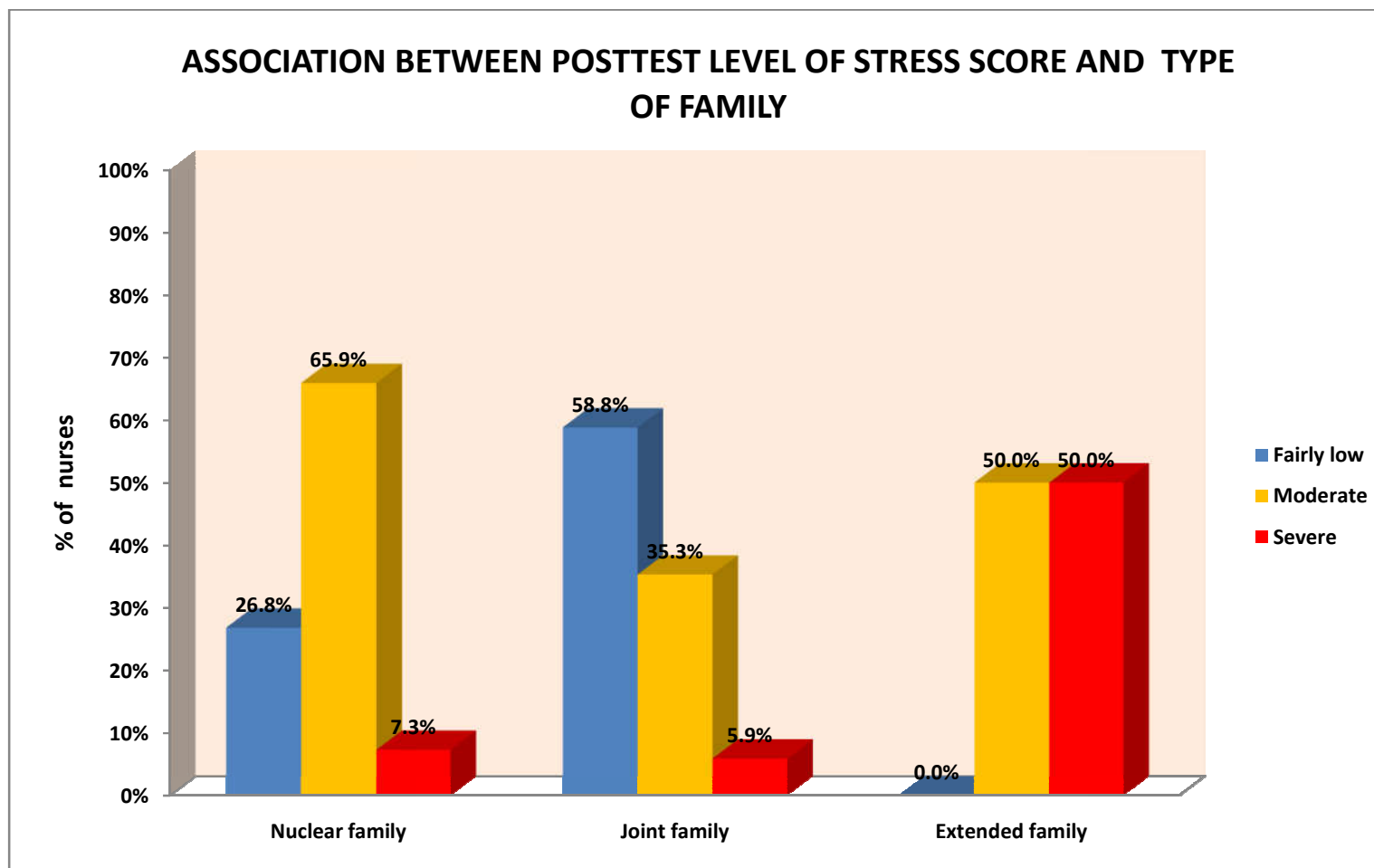




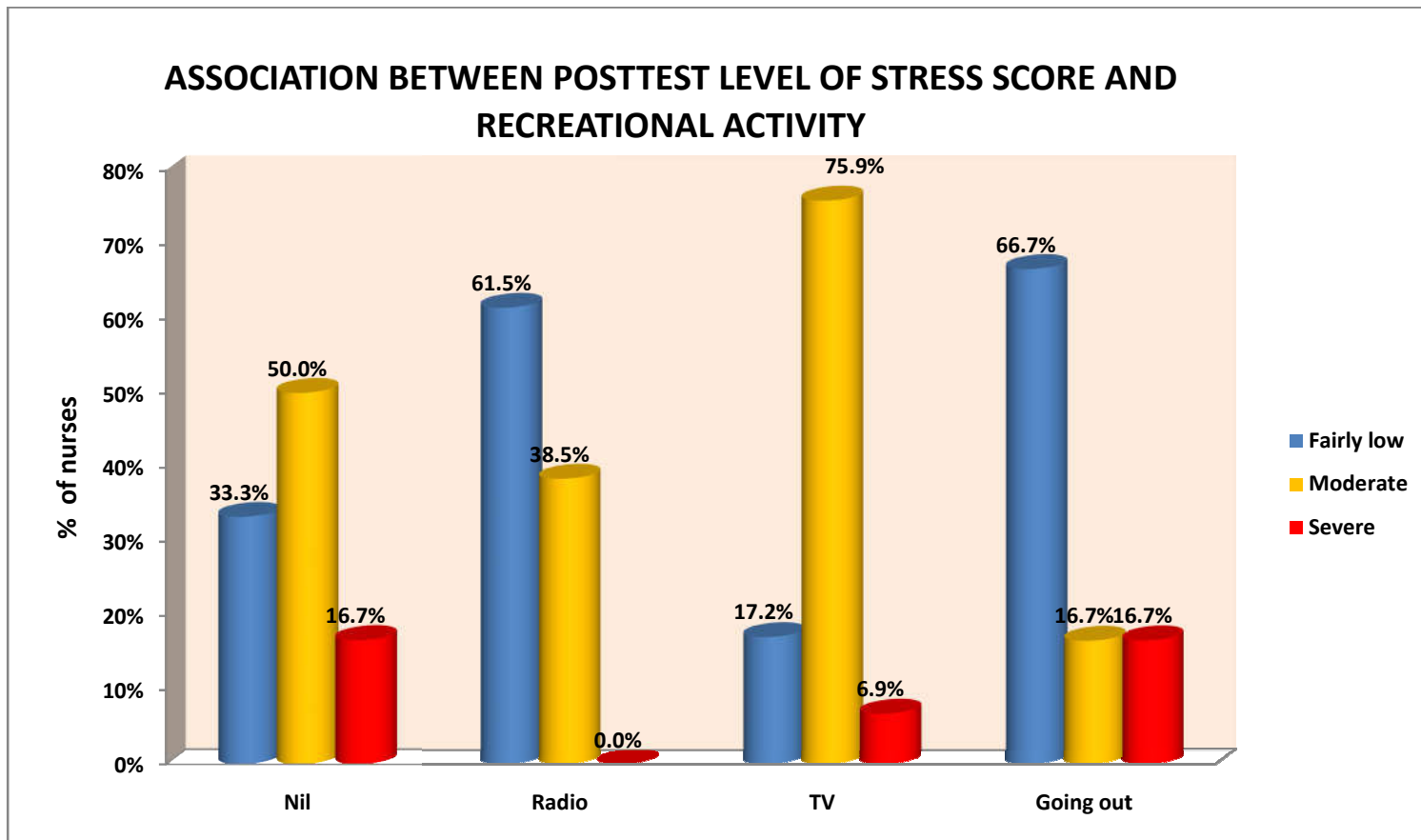
**Fig 4.19 Association between post test level of ICU stress score and nurses age**



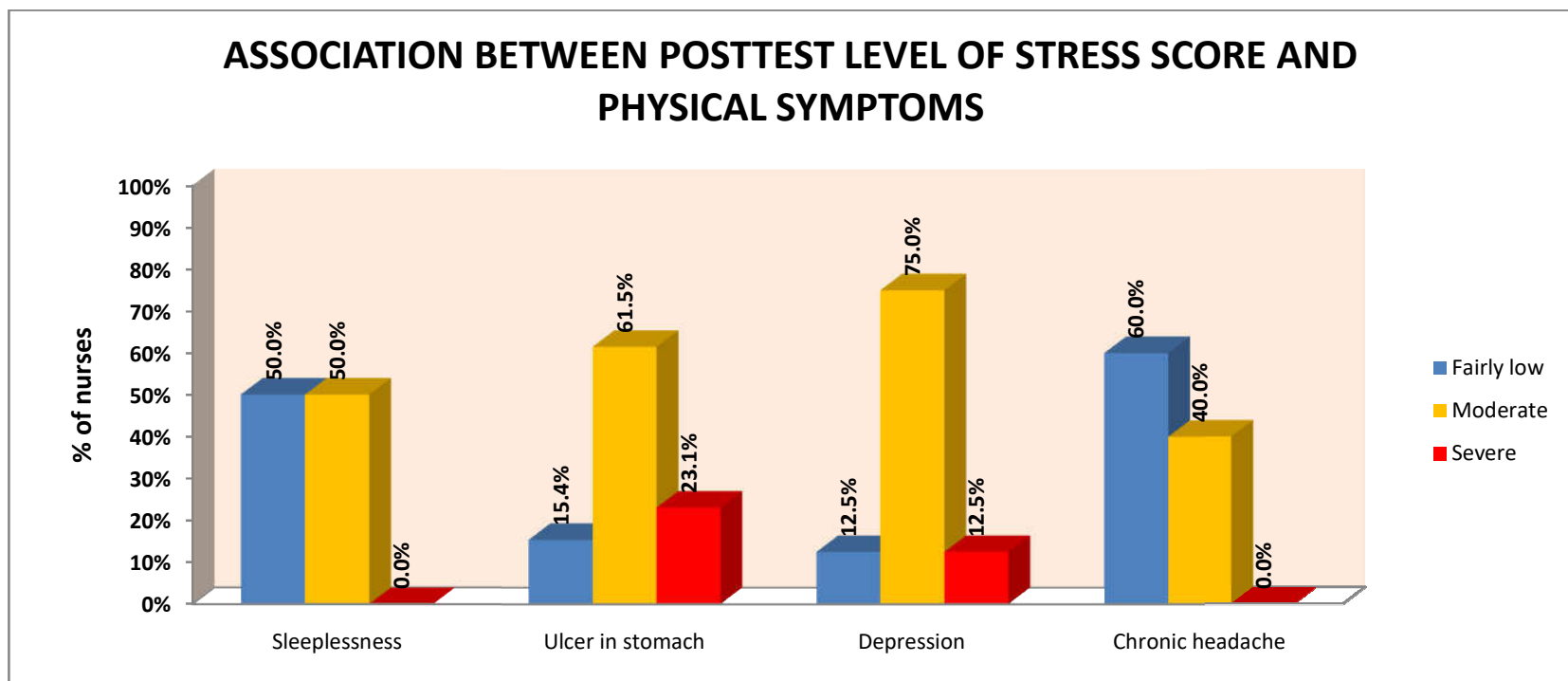
**Fig 4.20 Association between post test level of stress score and year of experience**



**Fig 4.21 Association between post test level of stress score and type of family**



**Fig 4.22 Association between post test level of stress score and recreational activity**



6

**Fig 4.23 Association between post test level of stress score and physical symptoms**

**Table 4.15: Association between occupational stress reduction score and demographic variables**

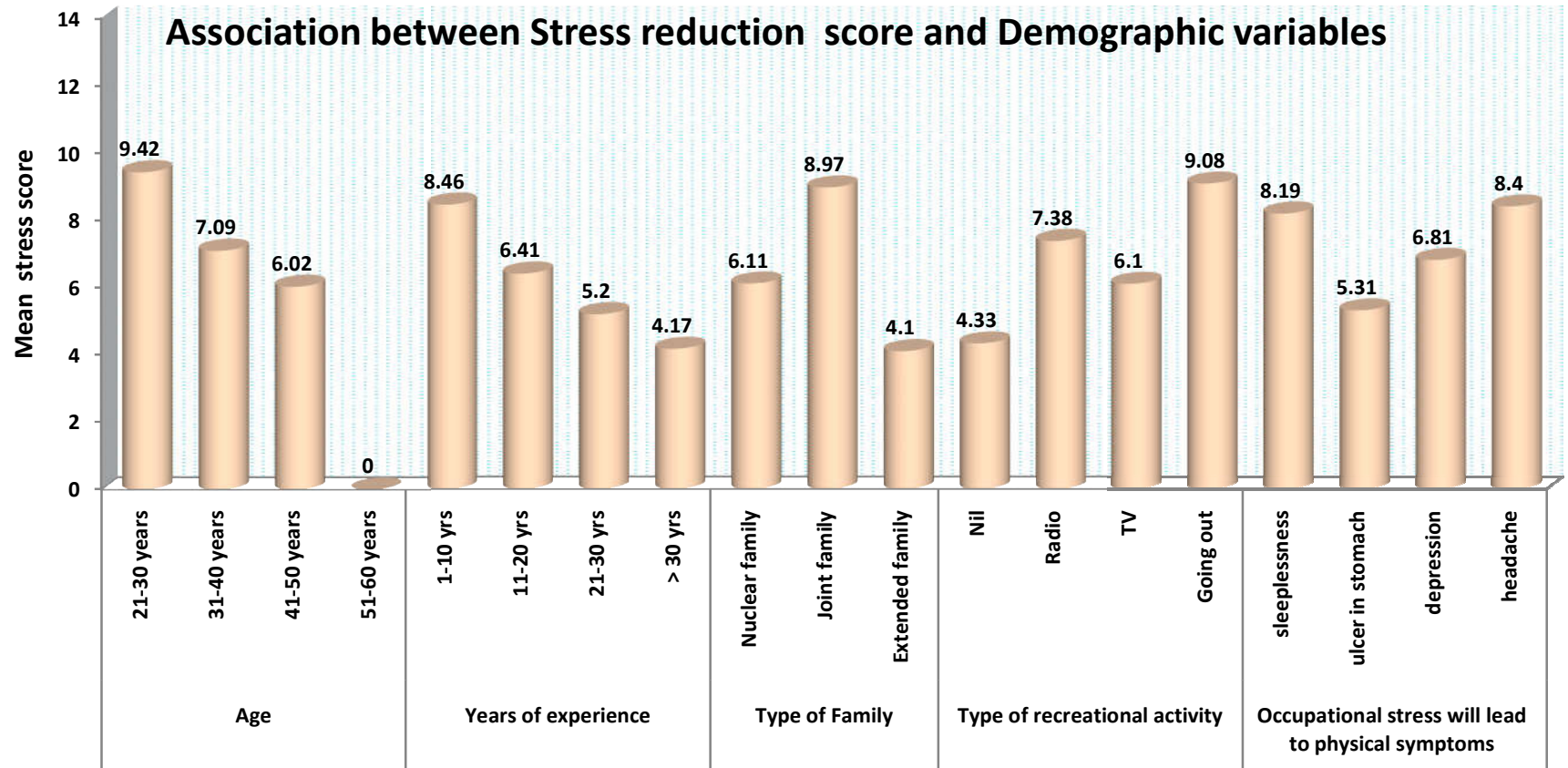
Demographic variables		Stress reduction score						n	Oneway ANOVA F-test/t-test
		Pretest		Posttest		Reduction score=Post-Pre			
		n	%	n	%	n	%		
Age	21-30 years	24.05	3.54	14.43	3.25	9.42	3.12	21	F=3.26 P=0.05* (S)
	31-40 years	23.89	3.78	16.80	2.60	7.09	4.22	27	
	41-50 years	24.08	3.37	18.06	2.67	6.02	4.80	12	
	51-60 years	0.00	0.00	0.00	0.00	0.00	0.00	0	
Sex	Male	24.33	.58	17.67	1.53	6.67	1.53	3	t=0.06
	Female	23.96	3.65	16.68	2.87	7.28	4.37	57	P=0.81 (NS)
Marital status	Married	23.96	3.53	16.73	2.89	7.22	4.42	49	F=0.38 P=0.71 (NS)
	Unmarried	24.90	2.92	17.20	2.20	7.70	3.74	10	
	Widow	16.00	0.00	12.00	0.00	4.00	0.00	1	
	Others	0.00	0.00	0.00	0.00	0.00	0.00	0	
Professional qualification	DGNM	24.11	3.59	16.78	2.93	7.33	4.33	45	F=0.95 P=0.31 (NS)
	B.Sc (N)	25.00	3.00	15.00	1.00	10.00	4.00	3	
	PBBS.c (N)	23.25	3.70	17.00	2.70	6.25	4.09	12	
	M.Sc (N)	0.00	0.00	0.00	0.00	0.00	0.00	0	
Years of experience	1-10 yrs	24.17	3.71	15.71	2.73	8.46	3.18	35	F=2.85 P=0.05* (S)
	11-20 yrs	24.24	3.21	17.83	3.03	6.41	4.74	17	
	21-30 yrs	20.80	3.56	15.60	3.29	5.20	4.35	5	
	> 30 yrs	23.67	1.15	19.50	3.61	4.17	3.51	3	
Type of Family	Nuclear family	24.51	3.29	17.10	2.45	6.11	4.22	41	F=3.17P=0.05* (S)
	Joint family	22.88	4.14	15.47	3.30	8.97	4.36	17	
	Extended family	22.50	2.12	20.00	1.41	4.10	3.00	2	

Living with spouse	Yes	24.04	3.55	16.49	2.88	7.55	4.46	49	t=1.33 P=0.25 (NS)
	No	23.73	3.74	17.82	2.36	5.91	3.11	11	
Number of children	No	24.76	3.39	17.19	2.58	7.57	4.03	21	F=0.38 P=0.68 (NS)
	One	23.61	3.47	17.11	2.63	6.50	3.15	18	
	Two	23.52	3.83	15.95	3.15	7.57	5.33	21	
	>Two	0.00	0.00	0.00	0.00	0.00	0.00	0	
Is there any family members with physical or mental disability or any other major illness	No	23.83	3.65	16.44	2.89	7.40	4.34	48	t=0.27 P=0.60 (NS)
	Yes	24.58	3.26	17.92	2.27	6.67	4.12	12	
Nursing profession related person available in the family	No	24.36	3.43	16.76	2.91	7.60	4.43	50	F=0.75 P=0.52 (NS)
	MPHW	20.00	4.00	15.33	3.06	4.67	3.06	3	
	Diploma in nursing	22.80	4.27	16.60	2.19	6.20	3.77	5	
	B.Sc (N)	23.50	2.12	18.50	2.12	5.00	.00	2	
Perceived social support	Good	23.14	3.27	16.41	2.68	6.73	4.44	22	F=0.83 P=0.44 (NS)
	Average	24.25	4.20	17.14	3.00	7.11	4.65	28	
	Poor	25.10	1.29	16.30	2.71	8.80	2.35	10	
Distance (km) of working area from residence	1 - 5 km	24.20	5.50	15.80	4.02	8.40	5.13	5	F=0.37 P=0.68 (NS)
	6 - 10 km	24.00	3.00	17.24	2.31	6.76	3.61	25	
	>10 km	23.93	3.76	16.47	3.01	7.47	4.72	30	
Type of recreational activity	Nil	20.17	1.33	15.84	1.94	4.33	2.42	12	F=3.14 P=0.03* (S)
	Radio	25.23	3.70	17.85	2.51	7.38	3.57	13	
	TV	24.21	3.00	18.11	2.45	6.10	3.47	29	
	Going out	24.00	4.39	14.92	2.31	9.08	4.34	6	
Which defense mechanism have you use to overcome occupational stress	Justification	24.75	3.91	15.83	4.20	8.92	3.82	12	F=2.04 P=0.12 (NS)
	Displacement	23.32	3.26	17.36	2.12	5.96	3.26	25	
	Compensation	24.61	3.85	16.28	2.37	8.33	5.24	18	
	Others	23.20	3.27	17.40	3.44	5.80	4.71	5	

Occupational stress will	Disrupt the working environment	24.64	3.74	15.95	2.92	8.68	3.97	22	F=1.52 P=0.22 (NS)
	Induce depression mood	23.33	3.85	17.67	3.14	5.67	4.54	12	
	Produce sudden mental upset	24.00	3.60	17.25	2.29	6.75	4.28	20	
	Lower the self esteem	22.83	2.14	16.00	3.16	6.83	4.26	6	
Occupational stress best reduction technique	Yoga	24.70	3.74	17.60	2.67	7.10	3.60	10	F=0.41P=0.74 (NS)
	Accustom with the situation	24.17	3.68	16.58	2.72	7.58	4.63	24	
	Adopt recreation activity	23.36	3.95	17.14	2.93	6.21	3.83	14	
	Modify the behavior	23.75	2.93	15.83	3.07	7.92	4.80	12	
Occupational stress will lead to physical symptoms of	Sleeplessness	24.00	3.61	15.81	2.95	8.19	3.89	16	F=4.34 P=0.01* (S)
	Ulcer in stomach	23.46	4.33	18.15	2.79	5.31	4.46	13	
	Depression	24.69	3.63	17.88	2.13	6.81	4.58	16	
	Chronic headache	23.67	2.87	15.27	2.46	8.40	3.89	15	

The above table 4.15 shows the association between stress reduction score and ICU nurses demographic variables. Younger nurses, joint family nurses, going out recreational activity nurses, less duration of experience nurses and occupation stress lead to chronic headache nurses are reduced more stress score than others. Statistical significance was calculated using oneway analysis of variance F-test and student independent t-test.





**Fig 4.24 Association between stress reduction score and demographic variables**

## CHAPTER V

### DISCUSSION

The chapter deals with the detailed discussion on the findings of the study obtained from the statistical analysis with the findings of previous study. The main aim of the study is to assess the effectiveness of education module on stress management in reduction of occupational stress among nurses working in intensive care units at RGGGH, Chennai. The study findings discussed as per the objective of the study.

#### **Socio demographic variables of the staff nurses**

In demographic variables of present study shows that among 60 ICU staff nurses majority of them (45%), in sex (95%) were female, according to marital status most of them (81.7%) were married, In professional qualification revealed that majority of them (75%) had DGNM, Regarding years of experience most of them (58.3%) were 1-10 years of experience, the type of family revealed that most of them (68.4%) were nuclear family, according to living with spouse most of them (81.7%) were living with their spouse, among the staff nurses most of them (35%) were doesn't have a children. Is there any family members with physical or mental disability or any other major illness revealed that majority of them (80%) were said no, Regarding nursing profession related person available in the family majority of them (83.4%) were doesn't have nursing professional in their family. According to perceived social support most of them (46.6%) had average support, In distance of working area from residence revealed that (50%) were from more than 10 Km, In type of recreational activity most of them (48.3%) were watching TV. Regarding which defence mechanism have you use to overcome occupational stress was majority of staff nurses (41.7%) were used displacement, Knowledge of staff nurses regarding occupational stress will most of them (36.7%) were thought occupational stress disrupt the working environment, Knowledge regarding occupational stress best reduction technique was most of them (40%) thought accustom with the situation,

Knowledge of staff nurses regarding occupational stress will lead to physical symptoms of most of them (26.7%) thought sleeplessness.

My study consistent with the Descriptive survey study which was conducted by **Dr. Tessy Treesa Jose, Dr. Sripathy M Bhat (2013)** the study result revealed that majority of the subjects i.e. 60.38% experience low stress, 38.46% experience moderate stress and stress was high among 1.15% of the subjects. In this study there was a significant association between stress and professional qualification, marital status, and area of work. There was significant association between coping and marital status. There was no significant association between coping and other demographic variables. Kruskal - Wallis test computed for total years of experience ( $z = 21.21$ ,  $p < 0.01$ ) and coping of nurses was significant.

**Objective 1: To assess the pre test level of occupational stress among nurses working in intensive care units.**

The pretest level of stress score among staff nurses working in intensive care unit. In general, none of the nurses are having very low stress score, 16.7% are having fairly low level stress score, 55.0% of them having moderate level of stress score and 28.3.0% of them are having severe level of stress score and none of them are having very severe stress score.

My study consistent with the study of occupational stress among staff nurses which was conducted by **Parul Sharma, Anuradha Davey, et al., (2014)** were depicted that statistically significant association ( $P < 0.024$ ) between department of posting and level of stress. In this study depicted that the Nurses reported that they had no time for rest, of whom 42% were suffering from moderate-to-severe stress. The nurses who felt that the job was not tiring were found to be less stressed as those who perceived job as tiring ( $OR = 0.43$ ).

**Objective 2: To determine the effectiveness of education module on reduction of occupational stress evaluated as post test scores**

The post-test level of stress score among staff nurses working in intensive care unit. In general, none of the nurses are having no stress score, 35.0% are having fairly low level stress score, 56.6% of them having moderate level of stress score and

8.3% of them are having severe level of stress score and none of them are having very severe stress score.

Comparison of overall stress before and after the administration of education module was calculated by using student's paired' test. On an average, the mean score of stress reduced from 23.98 to 16.73 with the standard deviation of 3.56 to 2.82 after the administration of education module. Difference is 7.25, this difference is statistically significant. Thus the research hypothesis there will be significant difference between the pre test level of occupational stress and post test scores. The result shows that there is a significant difference between the pre test level of occupational stress and post test scores

My study consistent with quasi experimental study of effect of stress management on occupational stress and satisfaction among midwives in obstetrics and gynaecology hospital wards in iran which is conducted by **Mahdi Karimyar Jahromi, Shahnaz Minaei, et al., (2016)**. The study result revealed that there was a significant difference between the mean of scores of occupational stress between the two groups before and after the workshop ( $p=0.001$ ). There was, however, no significant difference between the scores of satisfactions across the two groups.

**Objective 3: To find out the association between post level of occupational stress and selected demographic variables.**

The present study shows the association between post-test level of stress and nurses demographic variables was calculated by chi square test. The study result shows that there is a significant association between post test level of occupational stress with the demographic variables of Younger nurses, joint family nurses, going out recreational activity nurses, less duration of experience nurses and occupation stress lead to chronic headache nurses are reduced more stress score than others.

## **CHAPTER VI**

### **SUMMARY, CONCLUSION, IMPLICATION AND RECOMMENDATION, LIMITATION**

#### **6.1. SUMMARY**

The study was conducted to assess the effectiveness of education module on stress management in reduction of occupational stress among nurses working in intensive care unit at RGGGH, Chennai.

Pre experimental one group pretest posttest design was used for this study, 75 samples were selected as a study participants in that 15 were dropped out due to day casual leave, sick, attending CNE programme, medical leave. The nurses stress were assessed by using work place stress scale

#### **MAJOR FINDINGS OF THE STUDY**

##### **Socio demographic variables of staff nurses**

1. Among 60 ICU staff nurses (45%) were 31-40 years, (35%) were 21-30 years, (20%) were 41-50 years.
2. In sex (95%) were female, (5%) were males
3. According to marital status (81.7%) were married, (16.6%) were unmarried, (1.7%) were widow
4. In professional qualification revealed that (75%) were DGNM, (5%) were B.Sc(N), and (20%) were PBB.Sc(N).
5. Regarding years of experience (58.3%) were 1-10 years of experience, (28.3%) were 11-20 years, (8.4%) were 21-30 years, (5%) were more than 30 years.
6. The type of family revealed that (68.4%) were nuclear family, (28.3%) were joint family, (3.3%) were extended family.
7. According to living with spouse (81.7%) were living with their spouse, (18.3%) were not living with their spouse.
8. Among the ICU staff nurses (35%) were doesn't have a children, (30%) were have one children, (35%) were have two children.

9. Is there any family members with physical or mental disability or any other major illness revealed that (80%) were said no, and (20%) had the one of the family member with illness.
10. Regarding nursing profession related person available in the family (83.4%) were doesn't have nursing professional in their family, (5%) were have MPHWS in their family, (8.3%) were have diploma in nursing in their family, (3.3%) were have B.Sc(N) in their family.
11. According to perceived social support (46.6%) had average support, (36.7%) good social; support, (16.7%) had poor social support.
12. In distance of working area from residence revealed that (50%) were from more than 10 Km, (41.7%) were from 6-10 Km, (8.3%) were from 1-5 Km.
13. In type of recreational activity (48.3%) were watching TV, (21.7%) were hearing radio, (20%) were not engaged in any recreational activity, (10%) were going out .
14. Regarding which defence mechanism have you use to overcome occupational stress was (41.7%) were used displacement, (30%) were used compensation, (20%) were used justification, (8.3%) were used other defence mechanism.
15. Knowledge of ICU staff nurses regarding occupational stress will (36.7%) were thought occupational stress disrupt the working environment, (33.3%) were thought produce sudden mental upset, (20%) were thought induce depression mood, (10%) were thought lower the self esteem.
16. Knowledge regarding occupational stress best reduction technique was (40%) thought accustom with the situation, (23.3%) thought adopt recreation activity, (20%) thought modify the behaviour, (16.7%) thought yoga.
17. Knowledge of ICU staff nurses regarding occupational stress will lead to physical symptoms of (26.7%) thought sleeplessness, (26.7%) thought depression, (25%) chronic headache, (21.6%) thought ulcer in stomach.

### **Findings on the pre test level of occupational stress among ICU nurses working in intensive care units**

The pretest level of stress score among staff nurses working in intensive care unit. In general, none of the nurses are having no stress score, 16.7% are having fairly low level stress score, 55.0% of them having moderate level of stress score and 28.3.0% of them are having severe level of stress score and none of them are having very severe stress score.

### **Findings on the effectiveness of education module on reduction of occupational stress evaluated as post test scores**

Comparison of overall stress before and after the administration of education module was calculated by using student's paired 't' test. On an average, the mean score of stress reduced from 23.98 to 16.73 with the standard deviation of 3.56 to 2.82 after the administration of education module. Difference is 7.25, this difference is statistically significant.

### **Findings on the association between posttest level of occupational stress and selected demographic variables.**

The association between post-test level of stress and nurses demographic variables was calculated by chi square test. The study result shows that there is a significant association between post test level of occupational stress with the demographic variables of Younger nurses, joint family nurses, going out recreational activity nurses, less duration of experience nurses and occupation stress lead to chronic headache nurses are reduced more stress score than others.

## **6.2. IMPLICATION OF THE STUDY**

The finding of the study has implications for nursing practice, nursing administration, nursing education and nursing research.

### **6.2.1. Implication for Nursing Practice:**

- Nurses who are working in intensive care unit more prone to get occupational stress comparing to others.

- Nurses can be trained in handling occupational stress effectively by breathing exercise and relaxation ,time and task management skills meditation, yoga etc...
- Nurses should develop the positive attitude towards their work environment.

#### **6.2.2. Implication for Nursing Education:**

- Nurse educator should develop the positive attitude towards the nursing among the nursing students
- Nurse at the post graduate level need to develop their skill in conducting health teaching programmes in management of occupational stress among nurses.

#### **6.2.3. Implication for Nursing Administration:**

- The nurse administrator can arrange the in-service education program to improve knowledge of health professionals regarding managing the occupational stress.
- The nurse administrator should posted the adequate staff nurses in intensive care unit and make sure all the equipments are available and in working condition
- Nursing administrators should concentrate on the placement of skilful and experience staff nurse in intensive care unit.

#### **6.2.4. Implication for Nursing Research:**

The finding of the study will seve as the basis for the student nurses to conduct future qualitative and quantitative research on education and to identify the different methods of relaxation which can bring down severity of stress.

This study will serve as a valuable reference material for future investigations.

- There is a plenty of scope for research in the field of occupational stress among staff nurses.
- Studies can be done in depth to find out the various interventions for the prevention of occupational stress.
- The investigator present this study result at ,seminar ,poster session and should publish research finding in journals to communicates the finding to nursing professionals.



## **RECOMMENDATION**

1. The present study findings will be motivating the other researchers to conduct new studies with different variables in large scale.
2. Similar study can be conducted with different types of intervention like meditation ,yoga ,laughter therapy to find out the effectiveness of intervention in managing occupational stress.
3. The comparative study can be conducted between government hospital staff nurses private hospital staff nurses.
4. A similar study can be undertaken in large samples to generalize the findings
5. A similar study can be done on all other health professionals like doctors pharmacist ,

## **6.4. LIMITATION**

- Sample size of the study was small
- The data collection period was only 4 weeks
- The study limited to staff nurses working in intensive care unit at RGGGH
- The nurses are selected with minimum of 3 years of experience.

## **6.5 Conclusion:**

The nurses commonly more prone to get stress while working in intensive care unit, for the reason of work load and shortage of nursing personnel, time pressure ,death dying uncertainty of treatment , lack of knowledge in advancement of technology and equipments.

The study conducted by the investigator to reduce the occupational stress of ICU staff nurses in RGGGH, Chennai through the educational module. The educational module regarding stress management strategies it consists with the information of deep breathing exercise, relaxation technique, time management ,task management and positive attitude towards self and job and so on. The study concluded that through the educational module the nurses occupational stress was reduced significantly.

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# The Workplace Stress Scale™

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*Directions: Thinking about your current job, how often does each of the following statements describe how you feel?*

	Never	Rarely	Sometimes	Often	Very Often
A. Conditions at work are unpleasant or sometimes even unsafe.	1	2	3	4	5
B. I feel that my job is negatively affecting my physical or emotional well being.	1	2	3	4	5
C. I have too much work to do and/or too many unreasonable deadlines.	1	2	3	4	5
D. I find it difficult to express my opinions or feelings about my job conditions to my superiors.	1	2	3	4	5
E. I feel that job pressures interfere with my family or personal life.	1	2	3	4	5
F. I have adequate control or input over my work duties.	5	4	3	2	1
G. I receive appropriate recognition or rewards for good performance.	5	4	3	2	1
H. I am able to utilize my skills and talents to the fullest extent at work.	5	4	3	2	1

*To get your score, add the numbers you answered to all of the eight questions and see how you compare.*

## Interpreting Workplace Stress Scale™ scores

**Total score of 15 or lower (33% of us are in this category):** Chilled out and relatively calm. Stress isn't much of an issue.

**Total score 16 to 20 (35%):** Fairly low. Coping should be a breeze, but you probably have a tough day now and then. Still, count your blessings.

**Total score 21-25 (21%):** Moderate stress. Some things about your job are likely to be pretty stressful, but probably not much more than most people experience and are able to cope with. Concentrate on seeing what can be done to reduce items with the worst scores.

**Total score 26-30 (9%):** Severe. You may still be able to cope, but life at work can sometimes be miserable. Several of your scores are probably extreme. You could be in the wrong job, or even in the right job but at the wrong time, and might benefit from counseling.

**Total score 31- 40 (2%):** Stress level is potentially dangerous – the more so the higher your score. You should seek professional assistance, especially if you feel your health is affected, or you might need to consider a job change.

**Workplace Stress Scale™ scores by demographic:**

*Overall: 18.4.....Men: 18.6.....Women: 18.1*  
*Ages 18-34: 17.6.....Ages 35-49: 19.2.....Ages 50+: 18.4*

**SOME USEFUL TIPS ON REDUCING STRESS**

- Analyze all the items showing high stress levels and figure out how to rein them in, particularly if you feel your health is being significantly affected. But keep in mind that any such scale, along with its categories, is subjective and that some stressors, such as deadlines, can actually have positive consequences.
- Remember that stress differs for all of us. Things like bungee jumping that are distressful for some may be pleasurable for others. Similarly, no stress-reduction technique works for everyone. Jogging, meditation or yoga are great for some but can actually prove stressful when arbitrarily imposed on others. Find out what works for you.
- Don't automatically assume that your headaches or other complaints are stress-related just because you have a high job stress score. A physician should always be consulted if you experience new symptoms, or if past problems seem to be getting worse, because they may be due to something else that is much easier to treat in its early stages.
- Finally, although stress is difficult to define, the feeling of having little control is always distressful. Anything you can do to gain more control over your daily activities will provide powerful stress reduction rewards.



**“ASSESS THE EFFECTIVENESS OF EDUCATION MODULE ON STRESS  
MANAGEMENT IN REDUCTION OF OCCUPATIONAL STRESS AMONG NURSES  
WORKING IN INTENSIVE CARE UNITS AT RGGGH AT CHENNAI”.**

**PART –A- SOCIODEMOGRAPHIC VARIABLES**

**Sample No:**

**Date:**

**SOCIODEMOGRAPHIC VARIABLES**

**1. Age**

- a) 21-30 yrs
- b) 31-40 yrs
- c) 41-50 yrs
- d) 51-60 yrs

**2. Sex**

- a) Male
- b) Female

**3. Marriage**

- a) Married
- b) Unmarried
- c) Widow
- d) Others

**4. Professional qualification**

- a) DGNM
- b) B.Sc (N)
- c) PBBS.c (N)
- d) M.Sc (N)

**5.. Years of experience**

- a) 1-10 yrs
- b) 11-20 yrs
- c) 21-30 yrs
- d) More than 30 yrs

**6. Family**

- a) Nuclear family
- b) Joint family
- c) Extended family

**7. Living with spouse**

- a) Yes
- b) No

**8. Number of children**

- a) No
- b) 1
- c) 2
- d) More than two

**9. Is there any family members with physical or mental disability or any other major illness**

- a) No
- b) Yes ( specify)

**10. Nursing profession related person available in the family**

- a) No
- b) MPHW
- c) Diploma in nursing
- d) B.Sc (N)

**11. Perceived social support**

- a) Good
- b) Average
- c) Poor

**12. Distance (km) of working area from residence**

- a) 1-5
- b) 6-10
- c) More than 10

**13. Type of recreational activity**

- a) Nil
- b) Radio
- c) T.V
- d) Going out
- e) Others ( Specify)

**14. Which defense mechanism have you use to overcome occupational stress**

- a) Justification
- b) Displacement
- c) Compensation
- d) Others ( Specify)

**15. Occupational stress will**

- a) Disrupt the working environment
- b) Induce depression mood
- c) Produce sudden mental upset
- d) Lower the self esteem

**16. Occupational stress best reduction technique**

- a) Yoga
- b) Accustom with the situation
- c) Adopt recreation activity
- d) Modify the behavior

**17. Occupational stress will lead to physical symptoms of**

- a) Sleeplessness
- b) Ulcer in stomach
- c) Depression
- d) Chronic headache

**COLLEGE OF NURSING  
MADRAS MEDICAL COLLEGE, CHENNAI**

**LESSON PLAN  
ON  
STRESS MANAGEMENT**

**SUBMITTED TO**  
**MR.M.NITHYANANTHAM,M.Sc(N)**  
**READER ,**  
**COLLEGE OF NURSING**  
**MADRAS MEDICAL COLLEGE**  
**CHENNAI-03.**

**SUBMITTED BY,**  
**PETCHIAMMAL.P**  
**M.Sc (N) I YEAR**  
**COLLEGE OF NURSING**  
**MADRAS MEDICAL COLLEGE**  
**CHENNAI-03.**

Institution	:	College of Nursing, Madras Medical College, Chennai-3.
Name of the Subject	:	Psychiatric Mental health Nursing
Unit	:	Education module
Name of the Topic	:	Occupational stress management
Group	:	ICU Nurses .
Date and Time	:	I st week of January 2018
Venue	:	ICU ,RGGGH,CHENNAI .
Methods of Teaching	:	Lecture cum Discussion
Method of Teaching Aids	:	Roller Board, Charts, information booklet , PPT
Name of the Evaluator	:	<b>Mr.M.NITHYANANTHAM, M.Sc (N)., Reader College of nursing ,MMC,Ch03</b>
Name of the Student	:	P.PETCHIAMMAL, M.Sc (N) II Year,

## **CENTRAL OBJECTIVES**

At the end of the psycho education nurses will be able acquire adequate knowledge and to develop desirable attitude and skills towards the management of occupational stress, and they would practice this knowledge in their working environment promote their mental and physical well being.

## **CONTRIBUTORY OBJECTIVES**

At the end of the class, the nurses will able to

- define stress and occupational stress
- enlist the causes of occupational stress
- categories occupational stress
- enumerate the signs and symptoms of occupational stress
- explain occupational stress management.

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
1.	2 min		<p><b>INTRODUCTION</b></p> <p>Stress was first used back in the 17<sup>th</sup> century as to describe the sorrow, suppression, and discomfort and adversity .In 19<sup>th</sup> century it was reformed of strong influence exerted on a physical object or on a person.</p> <p>Now Stress is fact of everyday life and is known as either as a reaction or as a stimulus. .As a reaction is the meaning of stress is specific changes that human biological system is experiencing as stimulus is related to environment events that cause those changes.</p> <p>Sources of stress are called as stressors these are biological, chemical, microbial, psychological, developmental, socio cultural, and environmental.</p>		Explaining	Listening	

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
	3mts	define the stress and occupational stress	<p><b>DEFINE STRESS:</b></p> <p>Definition states stress as the nonspecific response of the body to any demand. The demands held can be positive ones (Eu stress) or negative ones (Distress).</p> <p>Hans Selye's</p> <p><b>OCCUPATIONAL STRESS:</b></p> <p>Occupational stress is the harmful emotional and physical reactions resulting from the interactions between the worker and her/his work environment where the demands of the job exceed the worker's capabilities and resources.</p> <p>Job stress is defined as mismatch between the expectation and accomplishment, stress as the transaction involving an individual and his environment. .</p> <p>- Lazarus</p>	Chart	Explaining	Listening	What is stress and occupational stress?



S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
	5mts	enlist the causes of stress	<p><b>CAUSES OF OCCUPATIONAL STRESS</b></p> <p><b>Environmental factors</b></p> <ul style="list-style-type: none"> <li>• Poor physical working conditions</li> <li>• Technical problem</li> </ul> <p>Lack availability of resources</p> <ul style="list-style-type: none"> <li>• Poor professional relationship</li> </ul> <p>Lack of communication.</p> <ul style="list-style-type: none"> <li>• Sensory input such as pain, bright light, noise, temperature, or environmental issues such as a lack of control over environmental circumstances, such as social defeat</li> <li>• Fear of being laid off</li> <li>• Financial constraints</li> <li>• Risk of threat and violence</li> <li>• More overtime due to staff cut backs</li> <li>• Pressure to perform to meet rising expectations but with no increase in job satisfaction</li> <li>• Pressure to work at optimum levels – all the time!</li> </ul> <p><b>Individual factors</b></p>	PPT	Explaining	Listening	What are the causes of occupational stress?

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			lack of autonomy no appreciation • Authoritarianism • Rigidity • Extroversion • Over sensitive personality type • Perfectionism <b>Organisational factors</b> Shortage of personnel • Poor physical working conditions • Poor facilities or technical problems. • Time pressure and deadlines • Irregular working shifts • Over promotion, under promotion and role stagnation.				
3	3mts	categories occupational stressors	<b>THE NURSES OCCUPATIONAL STRESSORS:</b>  Categorized into 4 major groups.  <b>Working conditions,</b>	Explaining	Listening	PPT	What are the 4 categories of occupational stress?

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			<p>Shift and week-end work, inadequate remuneration, hours of work, discrimination and safety at the work environment.</p> <p><b>Relationships at work</b></p> <p>Quality of relationships with peers, subordinates and supervisors.</p> <p><b>Role conflict and ambiguity</b></p> <p>Ill-defined role, functions, expectations, and duties lack of autonomy, lack of recognition.</p> <p><b>Organization structure and climate</b></p> <p>Communication policy and practice, major changes in the workplace, culture of the organization, and lack of participation in decision-making.</p>				

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
	5mts	enumerate the signs and symptoms of occupational stress	<b>SIGNS AND SYMPTOMS OF OCCUPATIONAL STRESS:</b> <b>Physical symptoms</b> Head ache. Ulcers • Diarrhoea or constipation Frequent fatigue • Nausea, dizziness • Chest pain, rapid heartbeat • Loss of sex drive • Frequent colds • Stomach problems  <b>Emotional symptoms</b> • Moodiness • Irritability or short temper • Agitation, inability to relax • Feeling overwhelmed • Sense of loneliness and isolation • Depression or general unhappiness	Explaining	Listening	PPT	What are all the signs and symptoms of occupational stress?

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			<ul style="list-style-type: none"> <li>• Negativism</li> <li>• boredom</li> </ul> <p><b>Behavioural symptoms</b></p> <ul style="list-style-type: none"> <li>• Eating more or less</li> <li>• Sleeping too much or too little</li> <li>• Isolating oneself from others</li> <li>• Procrastinating or neglecting responsibilities</li> <li>• Absenteeism</li> <li>• Social withdrawal</li> </ul> <ul style="list-style-type: none"> <li>• Low morale</li> </ul> <p><b>Cognitive symptoms</b></p> <ul style="list-style-type: none"> <li>• Memory problems</li> <li>• Inability to concentrate</li> <li>• Poor judgment</li> <li>• Pessimistic approach or thoughts</li> <li>• to the state of the organism as it responded and adapted to the Environment. His theories of a universal non-specific or racing thoughts</li> <li>• Constant worrying</li> </ul>				

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
	20 mts	explain stress intervention	<p>• Anxiety</p> <p><b>OCCUPATIONAL STRESS MANAGEMENT</b></p> <p><b>1.EXERCISE</b> An important step in stress management is exercise. Since the stress Response prepares us to fight or flight , our bodies are primed for action. Exercise on a regular basis helps to turn down the production of stress hormones and associated neuro chemicals. Thus, exercise can help avoid the damage to our health that prolonged stress can cause.</p> <p><b>2.PRACTICE Dr. Andrew W eil's DEEP BREATHING</b> Whenever you feel stressed lie down on a flat surface or sit in a comfortable chair with arms by side and feet on floor. Close your mouth and inhale quietly through your nose to a mental count of 4,hold your breath for a count of 7,exhale completely through your mouth ,making a whoosh sound to a count of 8. This is one breath . now inhale again and repeat the cycle tress mire times for a total of 4 times per day .times.</p> <p><b>3.HEALTHY EATING</b></p>	Explaining	Listening	PPT	What are the management of occupational stress?

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			<p>Healthy eating such more vegetables and fruits and nuts can help you get through stressful work days. By eating small but frequent meals, you can help your body maintain an even level of blood sugar, keep your energy up, stay focused, and avoid mood swings.</p> <p><b>4.GET ENOUGH SLEEP</b></p> <p>Not only can stress and worry can cause insomnia, but a lack of sleep can leave you vulnerable to even more stress. Try to improve the quality of your sleep by keeping a sleep schedule and aiming for 8 hours a night.</p> <p><b>5.LEARNING BETTER COMMUNICATION SKILLS</b></p> <p>Good communication skills should be practiced in order to ease and Improve your relationships with management and co workers.</p> <p><b>6.RECOGNISE WARNING SIGNS OF STRESS AT WORK</b></p> <p>When you feel overwhelmed at work, you lose confidence and may become irritable or withdrawn. This can make you less productive and less effective in your job, and make the work seem less rewarding. If you ignore the warning signs of work stress, they can lead to bigger problems. Beyond interfering with job performance and satisfaction, chronic or intense stress can also lead to physical and emotional health</p>				

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			<p>problems.</p> <p><b>7.REDUCE JOB STRESS BY TAKING CARE OF YOURSELF</b></p> <p><b>Taking responsibility</b> for improving your physical and emotional Well being can reduce your work stress to some extent. Start by paying attention to your physical and emotional health. When your own needs are taken care of, you're stronger and more resilient to stress. The better you feel, the better equipped you'll be to manage work stress without becoming overwhelmed.</p> <p><b>8.RELAX YOURSELF</b></p> <p>Use weekends to relax, and don't schedule so many events that Monday morning will seem like a relief. Learn your stress signals</p> <p><b>Gardening</b></p> <p>Fresh and chill air from gardening keeps you healthy and promotes cell growth and renewal in your body .sun shine to increase serotonin and enjoy a sense physical and mental well being</p> <p><b>Pet animals</b></p> <p>Playing with or petting an animal can increase level of the stress reducing hormone oxytocin and decrease production of the stress</p>				



S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			<p>hormone cortisol . pet makes you feel better , gives you unconditional love ,make us laugh . pets reduce the tendency to focus on past mistake or worry about future problems.</p> <p><b>Listening music</b></p> <p>listening music increase endorphin and reduce the stress hormone cortisol By hormone influences make us feel happy and relax</p> <p><b>9.CREATE PREDICTABILITY IN YOUR WORK AND HOMELIFE AS MUCH AS POSSIBLE.</b></p> <p>Structure and routine in your life can't prevent the unexpected From happening. However, they can provide a comfortable frame work from which to respond to the unexpected. Think ahead and try to anticipate the varieties of possibilities, good and bad, that may become.</p> <p><b>10.RESOLVE CONFLICT POSITIVELY</b></p> <p>Resolving conflict in healthy, constructive ways can strengthen trust</p>				

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			<p>Between people and relieve workplace stress and tension.</p> <p><b>11.CULTIVATE A FRIENDLY SOCIAL CLIMATE</b></p> <p>Sometimes the best stress-reducer is simply sharing your stress with someone close to you. The act of talking it out -- and getting support and empathy from someone else -- is often an excellent way of blowing of steam and reducing stress</p> <p><b>12.REDUCE JOB STRESS BY PRIORITISING AND ORGANISING</b></p> <p>Divide your works into simple steps and do the important things at first. Plan everything before doing ,so that you can be stress free. first. Plan everything before doing, so that you can be stress free.</p> <p><b>13.BE POSITIVE</b></p> <p>Maintain a positive attitude (and avoid those without one). Negativism sucks the energy and motivation out of any situation, so avoid it whenever possible. Instead, develop a positive attitude -- and learn to reward yourself for little accomplishments.</p> <p><b>14.KNOWLEDGE AND EXPERIENCE</b></p>				

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			<p>Having sufficient knowledge and skills for one's task reduces the risk of overstrain, gives security and contributes towards good self-esteem...</p> <p><b>15.TIME MANAGEMENT TIPS FOR REDUCING JOB STRESS</b></p> <p><b>Create a balanced schedule.</b> Analyze your schedule, Responsibilities and daily tasks.</p> <p><b>Don't over-commit yourself.</b> Avoid scheduling things back to-back or trying to fit too much into one day.</p> <p><b>Try to leave earlier in the morning.</b> Even 10-15 minutes can make the difference between frantically rushing to your ward and having time to ease into your day. Don't add to your stress levels by running late.</p> <p><b>Plan regular breaks.</b></p> <p>Make sure to take short breaks throughout the day to take a walk or sit back and clear your mind. Also try to get away from your work station for lunch. Stepping away from work to briefly relax and recharge will help you be more, not less, productive.</p>				

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			<p><b>16.TASK MANAGEMENT TIPS FOR REDUCING JOB STRESS</b></p> <p><b>PRIORITIZE TASKS.</b></p> <p>Make a list of tasks you have to do, and tackle them in order of importance. Do the high-priority items first</p> <p><b>Delegate responsibility:</b></p> <p>You don't have to do it all yourself.</p> <p><b>Take time away.</b></p> <p>When stress is mounting at work, try to take a quick break and move away from the stressful situation.</p> <p><b>UNHEALTHY WAY OF STRESS MANAGEMENT</b></p> <p>Smoking</p> <p>Drinking alcohol</p> <p>Over eating</p> <p>Using drugs</p> <p>Withdrawing self</p> <p>Indulging in self –pity</p>				

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			Denial Blaming others				

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			<p><b>ENLIST THE INDICATION OF BLOOD TRANSFUSION</b></p> <ul style="list-style-type: none"> <li>• Anemia</li> <li>• Major Surgical Operation</li> <li>• Accidents resulting in Considerable Blood loss</li> <li>• Cancer patient requiring therapy</li> <li>• Women in child birth and new born babies in certain cases.</li> <li>• Patients of hereditary disorder haemophilia and Thalassaemia.</li> <li>• Severe burn victims.</li> </ul>				
4	5	mention the components of	<p><b>MENTION THE COMPONENTS OF BLOOD TRANSFUSION AND BLOOD GROUP NAMES AND</b></p>	Explaining	Listening	Hand outs	What are all the

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation																																			
	min	blood transfusion and blood groups and compatibilities	<p><b>COMPATIBILITIES</b></p> <p><i>Blood products in one unit &amp; Quantity</i></p> <table><tr><th>Types of Products</th><th>Amount</th></tr><tr><td>Fresh Blood</td><td>350-450ml</td></tr><tr><td>Plasma (different types)</td><td>130-160ml</td></tr><tr><td>Cryoprecipitate</td><td>15ml</td></tr><tr><td>Platelets</td><td>30-60ml</td></tr></table> <p><i>Blood group names &amp; Compatibilities</i></p> <table><tr><th>Blood group</th><th>Red Blood cell agglutinogens</th><th>Serum Agglutinogens</th><th>Compatible donor Blood groups</th><th>In compatible donor blood groups</th></tr><tr><td>A</td><td>A</td><td>Anti B</td><td>A &amp; O</td><td>B &amp; AB</td></tr><tr><td>B</td><td>B</td><td>Anti A</td><td>B &amp; O</td><td>A &amp; AB</td></tr><tr><td>AB</td><td>A&amp;B</td><td>Neither</td><td>A,B,AB&amp; O</td><td>None</td></tr><tr><td>O</td><td>Neither Universal donor</td><td>Anti A &amp; Anti B</td><td>O</td><td>A, B and AB</td></tr></table>	Types of Products	Amount	Fresh Blood	350-450ml	Plasma (different types)	130-160ml	Cryoprecipitate	15ml	Platelets	30-60ml	Blood group	Red Blood cell agglutinogens	Serum Agglutinogens	Compatible donor Blood groups	In compatible donor blood groups	A	A	Anti B	A & O	B & AB	B	B	Anti A	B & O	A & AB	AB	A&B	Neither	A,B,AB& O	None	O	Neither Universal donor	Anti A & Anti B	O	A, B and AB				components of blood transfusion
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S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			<p><b>RH TYPING</b></p> <p>The Rh system is base on personnel /absence of antigen D, which is found on the RBC membrane. Rh positive persons have the D antigen, whereas Rh Negative persons have anti D bodies thus Rh positive blood cannot be transfused to a person with Rh negative blood group on the contract Rh positive persons no .....have no anti D, thus Rh negative blood can be transfused to a person with Rh positive blood group.</p>				
5	5 min	enumerate the activities which need for blood transfusion	<p><b>ENUMARATER THE ARTICLES WHICH NEED FOR BLOOD TRANSFUSION</b></p> <ul style="list-style-type: none"> <li>• Blood transfusion set</li> <li>• Nasal Saline</li> <li>• Blood/ Blood components-sterile in appreciate container</li> <li>• Cannula No.18/19 (adult)</li> <li>• Alcohol/iodine swabs (disinfection)</li> <li>• Sterile gauze</li> </ul>	Explaining	Listening	Demons- tration	What are all the articles to be need for Blood Transfusion?



S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			<ul style="list-style-type: none"> <li>• Tourniquet</li> <li>• Adhesive tape</li> <li>• Scissors</li> <li>• Roller bandage and splint (optional)</li> <li>• Infusion Stand</li> <li>• Disposal bag/kidney tray</li> <li>• Disposable bag (optional in case of severe bleeding)</li> <li>• Specimen container.</li> </ul>				
6.	25 min	explain the procedure about blood transfusion	<p><b>EXPLAIN THE PROCEDURE ABOUT BLOOD TRANSFUSION</b></p> <p><i>Nursing action</i></p> <p>Check physician's orders, patients' conditions and history of Blood inspection reaction, reasons for present transfusion etc.</p>				

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			<p><b><i>Rationale</i></b></p> <ul style="list-style-type: none"> <li>• Obtain specific data and initiates patients education if required.</li> <li>• Identify patient</li> <li>• Check calculability of Blood with the blood bank.</li> <li>• Explain the procedure to the patient, need for transfusion, blood product to be given, approximate length of time desired outcome etc.</li> <li>• Emphasize the need for patient to report unusual symptoms immediately.</li> <li>• Obtain informed consent from patient.</li> <li>• Obtain Blood from blood bank in accordance with agency policy, if transfusion cannot begin immediately return product to blood bank. Blood which is out of refrigerators for more than 30 minutes above 10degree centigrade cannot</li> </ul>				

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			<p>be re issued.</p> <ul style="list-style-type: none"> <li>• Never store blood in un authorized area like ward refrigerator. Blood must be stored in refrigerated unit at carefully controlled temperature (40C).</li> <li>• Encourage patient to empty bowel and bladder and assist to a comfortable position. Collect urine specimen.</li> <li>• Ensure privacy</li> <li>• Wash and dry hands.</li> <li>• Check vital signs and record</li> <li>• Disposable gloves</li> <li>• Insert IV cannula (18G/19G) if not already present in a large peripheral view and intake infusion using blood transfusion set.</li> <li>• Inspect the Blood product (by 2 nurses) for</li> </ul>				

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			<ul style="list-style-type: none"> <li>• Identification number</li> <li>• Blood group &amp; Type</li> <li>• Expiry date</li> <li>• Compatibility</li> <li>• Patients name</li> <li>• Abnormal color, clots, excess air etc.,</li> <li>• Warm Blood if needed, using special Blood warmer or immerse partially in tepid water.</li> <li>• Warm blood if needed using special blood warmer or immerse partially in tepid water.</li> <li>• If blood products is found to be correct, stop the saline solution by closing roller clamp. Remove insertion spike from saline container and insert spike into blood container.</li> </ul>				

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			<ul style="list-style-type: none"> <li>State infusion of blood product slowly at the rate of 25 to 50ml per hour for the first 15 minutes, stay with patient for first 15 minutes check vital signs every 15 minutes for first 30 minutes on as per agency policy</li> <li>Increase in fusion rate if no adverse reactions are noticed the flow rate should be within safe limits.</li> <li>Assess the condition of patient every 30 minutes and if any advise effects is observed stop transfusion and state saline send urine sample, blood sample product in container with transfusion set, back to the blood bank.</li> <li>Complete transfusion and administer saline as per physician.</li> <li>Complete transfusion and administer saline (as per physicians order), if no adverse reaction is observed.</li> <li>Dispose Blood product container and set in appropriate receptacle.</li> </ul>				

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			<ul style="list-style-type: none"> <li>Wash hands.</li> <li>Record the following: Product and volume transfused identification number and blood group time of administration stated and completed.</li> <li>Name and signature of nursing staff carrying out procedure and patients conditions if agency policy requires remove label blood bag and paste it on patient's record.</li> <li>Assist patient to comfortable position.</li> </ul>				
7.	5 min	describe about the adverse of blood transfusion	<p><b>DESCRIBE ABOUT THE ADVERSE EFFECTS OF BLOOD TRANSFUSION &amp; ITS NURSING MANAGEMENT.</b></p> <p><i>Allergic Reaction</i></p> <ul style="list-style-type: none"> <li>Hives</li> <li>Itching</li> <li>Anaphylaxis</li> </ul>				

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			<p><b><i>Nursing Management</i></b></p> <ul style="list-style-type: none"> <li>• Stop transfusion immediately and keep vein patent with normal saline.</li> <li>• Notify physician immediately</li> <li>• Administer anti histamine paenterally as necessary.</li> </ul> <p><b><i>Febrile reaction fever developing during infusion</i></b></p> <ul style="list-style-type: none"> <li>• Fever &amp; Chills</li> <li>• Head ache</li> <li>• Malaise.</li> </ul> <p><b><i>Nursing management</i></b></p> <ul style="list-style-type: none"> <li>• Stop transfusion immediately &amp; keep view patient with normal saliva.</li> <li>• Notify physician</li> </ul>				

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			<ul style="list-style-type: none"> <li>• Treat symptoms</li> </ul> <p><b><i>Hemolytic transfusion reaction incompatibility of Blood product</i></b></p> <ul style="list-style-type: none"> <li>• Immediate onset</li> <li>• Facial flushing</li> <li>• Fever, chills</li> <li>• Head ache</li> <li>• Low back pain</li> <li>• Shock.</li> </ul> <p><b><i>Nursing Management</i></b></p> <ul style="list-style-type: none"> <li>• Stop infusion immediately &amp; keep review open with normal saline.</li> <li>• Notify physician immediately</li> <li>• Obtain Blood samples form site</li> </ul>				



S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			<ul style="list-style-type: none"> <li>Obtain first voided urine treat shock if present.</li> <li>Send remaining Blood in bag, tubing and filter to lab.</li> <li>Draw Blood sample for serologic testing.</li> </ul> <p><b><i>Circulatory overload</i></b></p> <ul style="list-style-type: none"> <li>Dyspnea</li> <li>Dry cough</li> <li>Pulmonary edema</li> </ul> <p><b><i>Nursing Management</i></b></p> <ul style="list-style-type: none"> <li>Slow/stop infusion</li> <li>Monitor vital signs</li> <li>Notify physicians</li> <li>Place patient in upright position with feet dependent.</li> </ul> <p><b><i>Bacterial reaction</i></b></p> <ul style="list-style-type: none"> <li>Fever</li> </ul>				

S. No	Time	Contributory Objectives	Content	AV Aids	Student Teacher Activity	Learner's Activity	Evaluation
			<ul style="list-style-type: none"> <li>• Hyper tension</li> <li>• Dry, flushed skin</li> <li>• Abdominal pain</li> </ul> <p><b><i>Nursing Management</i></b></p> <ul style="list-style-type: none"> <li>• Stop transfusion immediately</li> <li>• Obtain culture of patients blood and return blood bag to lab.</li> <li>• Monitor vital sign</li> <li>• Administer antibiotics immediately</li> </ul>				

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## SUMMARY

So far we have discussed about occupational stress its causes like Environmental factors , Poor physical working conditions Technical problem, Poor professional relationship Individual factors like Authoritarianism ,Rigidity Extroversion Over sensitive personality type Perfectionism Organisational factors Poor physical working conditions.,sign and symptoms are **Physical symptoms** Head aches and pains Diarrhoea or constipation ,Nausea, dizziness ,Chest pain, rapid heartbeat **Emotional symptoms** Moodiness Irritability or short temper Agitation, inability to relax Feeling overwhelmed , **Behavioural symptoms** Eating more or less ,Sleeping too much or too little , Isolating oneself from others ,Procrastinating or neglecting responsibilities ,Absenteeism , Social withdrawal **Cognitive symptoms** , Memory problems Inability to concentrate ,Poor judgment .Stress management are physical exercise, relax yourself create predictability in your WORK ,assertive skill training ,time management ,adequate rest and sleep ,good nutrition , thought stopping technique relation techniques like music listening deep breathing exercise of ,simple walking . Unhealthy of stress management Smoking drinking alcohol ,Over eating , Using drug ,Withdrawing self Indulging in self –pity , Denial , Blaming .

## **RECAPULIZATION**

- ❖ What is Occupational stress ?
- ❖ What are all the causes of occupational stress?
- ❖ What are the categories of occupational stress
- ❖ What are all the signs and symptoms of occupational stress?
- ❖ What are all management of stress?

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# STRESS MANAGEMENT



**Presenter**

**P.PETCHIAMMAL**

M.Sc (N) II Year  
College of Nursing,  
Madras Medical College,  
Chennai – 03.

## INTRODUCTION

Stress is an individual's physical, mental and emotional reaction to a condition that disturbs mental and physical well being . Stress is any condition that harms the body and breaks down or causes death of few or many cells.

Stress has been regarded as an occupational hazard since the mid 1950, infact; occupation has been cited as a significant health problem. Work stress in nursing was first assessed in 1960 when Menzies identified four sources of anxiety among nurses; patient care, decision-making, taking responsibility and change.

Now stress in nurses may be escalating due to the increasing use of technology, continuing rising care costs and turbulence within the work environment

Sources of stress are called as stressors these are biological, chemical, microbial, psychological, developmental, socio cultural, and environmental.

## OCCUPATIONAL STRESS:

Occupational stress is the harmful emotional and physical reactions resulting from the interactions between the worker and her/his work environment where the demands of the job exceed the worker's capabilities and resources.

## CAUSES OF OCCUPATIONAL STRESS

### Environmental factors

- Poor physical working conditions
- Technical problem
- Sensory input such as pain, bright light, noise, temperature
- Poor professional relationship



### Individual factors

- Authoritarianism
- Over sensitive personality type
- Perfectionism

### Organisational factors

- Poor physical working conditions
- Poor facilities or technical problems.
- Time pressure and deadlines
- Irregular working shifts



### THE NURSES OCCUPATIONAL STRESSORS:

Categorized into 4 major groups.

#### Working conditions

Shift and week-end work, inadequate remuneration, hours of work, discrimination and safety at the work environment.

#### Relationships at work

Quality of relationships with peers, subordinates and superiors.

#### Role conflict and ambiguity

Ill-defined role, functions, expectations, and duties lack of autonomy, lack of recognition.

#### Organization structure and climate

Communication policy and practice, major changes in the workplace, culture of the organization, and lack of participation in decision-making.

## Physical symptoms

- 
- Physical Stress**

## A woman with blonde hair, wearing a light blue button-down shirt, is seated at a table. She is holding a spoon with a bite of white ice cream and is about to eat it. The table is covered with a large, colorful assortment of sweets, including various pastries, cakes, and candies. A white container of ice cream is also visible on the table. The background shows a kitchen area with a sink and some kitchenware.

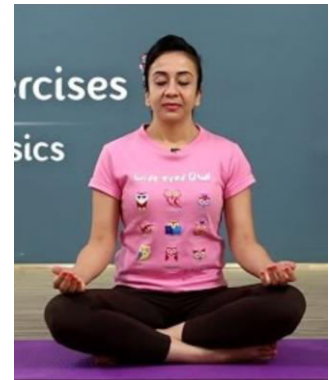
# OCCUPATIONAL STRESS MANAGEMENT

## 1.EXERCISE

Exercise on a regular basis helps to turn down the production of stress hormones reduce the cortisol and associated neuro chemicals such dopamine serotonin.

## 2.PRACTICE Dr. Andrew Weil's 4-7-8 DEEP BREATHING TECHNIQUE

Whenever you feel stressed lie down on a flat surface or sit in a comfortable chair with arms by side and feet on floor. Close your mouth and inhale quietly through your nose to a mental count of 4,hold your breath for a count of 7,exhale completely through your mouth ,making a whoosh sound to a count of 8. This is one breath . now inhale again and repeat the cycle tress mire times for a total of 4 times per day .times.



## 3.HEALTHY EATING

Healthy eating such as vegetables fruits, nuts, small frequent meals keeps your days stress free.

## 4.RELAX YOURSELF

Use weekends to relax, and don't schedule so many events that Monday morning will seem like a relief. Learn your stress signals

### Pet animals

Pet makes you feel better, gives you unconditional love ,make us laugh . pets reduce the tendency to focus on past mistake or worry about future problems.

### Listening music

Listening music increase endorphin and reduce the stress hormone cortisol By





hormone influences make us feel happy and relax.

## **Gardening**

Fresh and chill air from gardening keeps you healthy and promotes cell growth and renewal in your body. sun shine to increase serotonin and enjoy a sense physical and mental well being.



## **5. GET ENOUGH SLEEP**

Try to improve the quality of your sleep by keeping a sleep schedule and aiming for 8 hours a night.



## **6. POSITIVE ATTITUDE TOWARDS SELF AND WORK**

It increases the self esteem and work interest.

## **7.LEARNING BETTER COMMUNICATION SKILLS**

Reduce all type of conflict such inter personal ,interpersonal ,inter group, inter and intra organisational conflict through line of proper communication .



## **8. KNOWLEDGE AND EXPERIENCE**

Having sufficient knowledge and skills for one's task reduces the risk of overstrain, gives security and contributes towards good self-esteem.

## **9.TIME MANAGEMENT TIPS FOR REDUCING JOB STRESS**

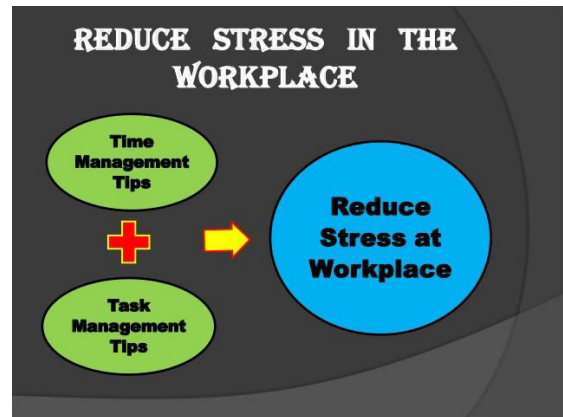
Create a balanced schedule

Don't over commit yourself

Plan regular breaks

## 10.TASK MANAGEMENT TIPS FOR REDUCING JOB STRESS

- Prioritize tasks.
- Delegate responsibility
- Take time away



## 11.REDUCE JOB STRESS BY PRIORITISING AND ORGANISING

Priorities and organizing work schedule reduce the occupational stress and increase work efficiency and achieve organizational goals .

## 12.CULTIVATE A FRIENDLY SOCIAL CLIMATE

Friendliness make us happy and give company for happiness and sorrow

## 13.RESOLVE CONFLICT POSITIVELY

Constructive functional resolving of conflict increase the quality of work.

## 14.RECOGNISE WARNING SIGNS OF STRESS AT WORK

## 15.REDUCE JOB STRESS BY TAKING CARE OF YOURSELF

## 16.THUGHT STOPPING TECHNIQUE

## MALADAPTIVE MANAGEMENT OF STRESS

- Smoking
- Drinking alcohol
- Over eating
- Using drugs
- Withdrawing self
- Indulging in self –pity
- Denial
- Blaming





*Thank You*